

**Hermon School Department
Volunteer Application Form and Confidentiality Agreement**

School Year: 202__ - __

APPLICANT PERSONAL INFORMATION:

Date: _____ School: HHS HMS PADS
Specific Program: _____ Or General: _____ Field Trips _____ Classroom _____ Office

Name: First: _____ Middle: _____ Last: _____

Maiden Name: _____ Previous Names: _____

Address: _____

Phone: _____ Work/Cell: _____ Email: _____

DOB (required for background check): _____ Driver's License #: _____

Children in Hermon School Dept: Grade: _____ Name: _____

_____ Name: _____

_____ Name: _____

APPLICABLE TRAINING AND EDUCATION: List any education, training, or experiences you have had which would help us in meeting the needs of our students:

BACKGROUND: The following information is asked of all individuals who work with our children to help ensure the safety of our students. A YES answer does not automatically disqualify you for volunteering.

1. Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes ___ No ___

2. Have you ever been convicted of any offense that involved drugs/alcohol? Yes ___ No ___

3. Have you ever been convicted of a crime (other than a minor traffic offense)? Yes ___ No ___

4. Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)? Yes ___ No ___

5. Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes ___ No ___

If you have lived outside of Maine, please specify states and dates: _____

If you have answered YES to any of the questions (1 – 5), provide full details below, including, with respect to court actions, the date, offense in question, and the address of the court involved. Use additional sheets if necessary.

Refusal to provide authorization for criminal background checks and/or providing false or misleading information on this application shall constitute sufficient reason to deny approval to serve as a volunteer or termination as a volunteer in the Hermon Schools.

I understand that the Hermon School Dept perform **annual** criminal background checks on all volunteers and I authorize persons and entities contacted by the School District in connection with this application to provide information about me. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the school districts, its agents and officials or against any provider of such information. I further understand that if I am approved as a volunteer, that I will be required to sign a Volunteer Confidentiality Agreement below. I am aware that I will receive no compensation for my services.

I have been truthful in all information and responses to questions on this application.

Signature

Date

Hermon School Department
Employee and Volunteer Confidentiality Expectation

Under federal law, state law and local policy, **ALL** information about students to which an employee or volunteer has access through the Hermon School Department should be considered confidential with the exception of name, school enrollment, and recognized activities.

Students in the Hermon School Department have the right to expect that information about them will be kept confidential by employees and volunteers. The Family Educational Rights and Privacy Act (FERPA) and the Health Information Patient Privacy Act (HIPPA) are two federal acts that prohibit the sharing of information without express written permission. FERPA actually allows the government to withdraw funding from schools which disseminate a student's education record without parental consent.

- Each student with whom you work or come in contact with has the right to expect that **nothing** that happens to or about him/her will be repeated to anyone other than authorized school department employees, as designated by the administration of the school. Even when discussing a student with those who are directly involved in a student's education, such as a teacher, principal, or guidance counselor, you may not share otherwise confidential information with them unless it is relevant to the student's educational growth, safety or well-being.
- You may use confidential information only for the purpose authorized by the principal. You may not use confidential information for any unauthorized purpose even if you believe doing so is in the best interest of the student.
- You may not share information about a student even with others who are genuinely interested in the student's welfare such as scout leaders, clergy, coaches, the nurse (**unless there is a grave emergency and you believe there is imminent danger to the student**). Otherwise, all questions should be referred to the principal.
- Parents, friends, or community members may in good faith ask you questions about a student's ability, progress or problems. Again, you must refer all such questions to the principal. You may not share any information about a student, regardless of how minor, even with members of your own family or the student's family other than the student's parent/s or legal guardian/s.
- Before you speak, always remember that violating a student's confidentiality isn't just impolite. It's against the law and could mean dismissal from your position with the school department and/or have legal implications.

I have read and understand the "Employee and Volunteer Confidentiality Expectations" and agree NOT to share any student information to which I may have access due to my position with the Hermon School Department.

Signature

Date

Please attach a legible copy of driver license or other ID containing name and date of birth

All application materials become the property of The Hermon School Dept. None will be returned.

OFFICE USE ONLY:

_____ This Volunteer **will** be alone with students. Fingerprint approval required.

(please give Volunteer the information and application for DOE fingerprint approval)

_____ This Volunteer **will not** be alone with students. No fingerprint approval required.

Central Office Administrator:

_____ Application Approved

_____ Application Denied

Administrator or Authorized Official: _____ Date: _____