



Office of Human Resources
109 Old Fort Rd
Newport, RI 02860
tracyjacques@npsri.net 401.619.5368

Dear Future NPS Volunteer:

Thank you for your interest in volunteering in Newport Public Schools. Volunteering your time is a wonderful way to support our school community and have a positive impact on our students. Volunteers have contributed to better school attendance, improved grades and test scores and better social skills for students.

Please complete the forms attached to this letter and return to the Office of Human Resources. All volunteers are also required to have a background check completed at the local police station.

Once we have received all of the required documents, we will alert the school(s) that you have been cleared as a volunteer.

Thank you for your interest and we look forward to working with you.

Sincerely,

Tracy Jacques
Director of Human Resources

REQUIRED DOCUMENTS:

- NPS Volunteer Confidentiality Agreement
- Emergency Contact Form
- Background Check



Volunteer Confidentiality Agreement

I, the undersigned, understand that during the course of my work, I may be given access to confidential, privileged, or proprietary NPS student information in order to perform my responsibilities in a manner that meets NPS's needs and enhances the delivery of service. By signing this document, I am agreeing to comply with all regulations and laws established to protect confidential information. I understand that accessing or releasing confidential information and/or records or causing this to occur outside the course of my assigned duties would constitute a violation of this Agreement. I understand that a proven violation of this agreement can result in termination of my access to information and may result in action being taken against me.

"Confidential Information" means any and all information disclosed or otherwise made available to or learned by me which is designated as "confidential" or "proprietary" or which, under all of the circumstances, ought reasonably to be treated as confidential, and includes, but is not limited to, Student Data and all NPS student records and personnel records.

"District Information" means all information, in any form, furnished or made available directly or indirectly to me by NPS or otherwise obtained by me from NPS in connection with this Agreement, including all information of NPS or any NPS affiliates to which I have had or will have access, whether in oral, written, graphic or machine-readable form.

I acknowledge and agree that NPS's Confidential Information includes confidential student and employee information that is protected by applicable law, including but not limited to, FERPA and the so-called Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules, its implementing regulations and other applicable laws and regulations. I agree to comply with all applicable laws relating to the access, use and disclosure of Confidential Information.

During the course and scope of my engagement, I will gain knowledge of or have access, including electronic access, to or otherwise have disclosed to me, Student Data and other Confidential Information, and I understand that such access or disclosure is made only to the extent necessary to perform my duties, and I will use Confidential Information for no other purpose.

I agree to:

- Utilize information disclosed to me solely for the purpose of volunteering to support Newport Public Schools.
- Maintain confidential information and not reveal it to others with whom I interact.

Volunteer Name: _____ Date: _____

Signature: _____



Newport Public Schools Volunteer Emergency Contact Form

Volunteer Name: _____

Date: _____

Home Information:

Street Address: _____

City, State Zip Code:: _____

Cellular Telephone: _____

Personal Email Address: _____

Primary Emergency Contact:

Contact Name: _____

Relationship to Contact: _____

Cellular Telephone: _____

Additional Information (Voluntary):

Allergies (Food, Medication, Insects, Etc.): _____

Medical Alert(s): _____



One Newport

Newport Public Schools

109 Old Fort Road • Newport, Rhode Island 02840-3898

**DISCLAIMER FORM
PLEASE PRINT CLEARLY**

NAME: _____

MAIDEN NAME/ALIAS: _____

DATE OF BIRTH: ____/____/____ Social Security # _____

SEX: MALE / FEMALE

I am seeking to volunteer with Newport Public Schools, and I hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island and or the Newport Police Department to make available to Newport Public Schools any criminal record that the Bureau of Criminal Identification has on file in reference to me that would disqualify me from volunteering in the Newport Public Schools.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Investigation, the Attorney General, the Newport Police Department and employees of the Attorney General's Office / Newport Police Department in both law and equity which I may now have or in the future may have.

- Attached copy of **one** of the following photo identifications:

- State Issued Driver's License
- State Issued Identification Card
- Passport

- Check or money order (NO CASH) for \$5.00 payable to Newport Police

Signature of Applicant

Date

NOTARY

(To be Completed and Notarized Prior to Submission)

Name

Newport

City

Sworn to before me in the City of Newport, State of Rhode Island this

____ day of _____, 201__.

Notary Public

Newport
County

My Commission expires: _____

Providing Students Opportunities and Access to the World