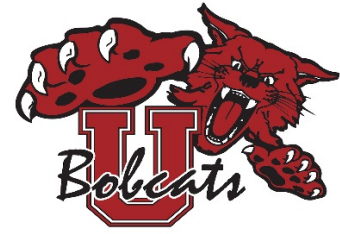


Union School District Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Classroom
 Library
 Field Trips
 FFA
 FBLA
 Robotics
 Other _____

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| 1. Have you EVER been convicted of a sex-related crime?
If yes did the crime involve force or minors? | YES
YES | NO
NO |
| 2. Have you EVER been convicted of a crime involving violence, abuse or threat of violence?
If yes please specify _____ | YES | NO |
| 3. Have you EVER been convicted of a crime involving drugs or alcohol?
If yes please specify _____ | YES | NO |
| 4. Have you ever been convicted of any other crimes except minor traffic violations?
If yes please specify conviction _____ | YES | NO |

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Union School District Code of Confidentiality and Responsibility

Security and Confidentiality of student information and records are matters of concerns to all. Our schools are repositories of academic records, folders and materials. When other approved academic and administrative departments share these records, volunteers are placed in an especially unique position of responsibility and trust. The purpose of this code is to clarify responsibilities under the Union School District's Confidentiality Policy and Policies thereof:

Therefore when volunteering in the Union School District, I agree:

1. Not to make or permit unauthorized use of any information in any files.
2. Not to benefit personally by knowledge of any confidential information, which may come to me by virtue of my work assignment.
3. **Not to divulge or repeat any information regarding students to anyone.**
4. Not to remove any official records, reports, and/or copies **EXCEPT** in performance of requested duties.
5. To immediately report any concerns to a school administrator.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	