



VOLUNTEER APPLICATION

NAME Last Name First Name Middle Name

Other Names Used (Including Maiden Name)

ADDRESS Street City State Zip Code

PHONE Home Phone Cell Phone Work Phone

Email Address Social Security Number

Date of Birth Gender

Driver's License Number State of Driver's License

Occupation Place of Employment

Applicant must provide a copy of a Government issued photo ID

Student Name Last Name First Name

Days of the week you are able to volunteer: Monday Tuesday Wednesday Thursday Friday

Approximate hours per week you can volunteer:

Bilingual: Yes No Languages

Volunteer Opportunities:

Please indicate the type of volunteer opportunities you are interested in:

- Fundraiser, Dance Sponsor, Field Trip Supervisor, Office / Clerical Support, Reading Tutor, Serve on School Committee, Other

I understand that information in this form will be used for the purposes of running a background check. I have signed the Authorization and Disclosure form. I understand this is not the Authorization and Disclosure form and that all information obtained from this form, specifically the date of birth, gender, and race are being requested for purposes of identification in obtaining accurate retrieval of information. I certify the information I provided on this form is true and correct.

Name (Please Print)

Signature Date

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

FERPA Compliance and Confidentiality Agreement

This application is governed by the Family Educational Rights and Privacy Act (FERPA), a federal law that safeguards the privacy of student education records.

As a volunteer, you may access student information only for purposes directly related to your assigned role. It is crucial that you maintain confidentiality and use this information exclusively for the tasks assigned to you. Unauthorized access, disclosure, or misuse of student records is strictly prohibited under FERPA.

Your Role as a "School Official"

Under FERPA, volunteers are considered "school officials" and may be granted access to student information if it is necessary to carry out their duties. Access is limited to the specific information required for your volunteer tasks

Confidentiality and Restrictions

- **Disclosure Prohibited:** You are prohibited from sharing student information with unauthorized individuals, including parents, other volunteers, or external parties. Student data must remain confidential at all times.
- **No Personal Use:** Student information may not be used for personal gain or out of curiosity. Any misuse of student data is a violation of FERPA and school policy.
- **Return or Destruction of Information:** Upon completing your volunteer duties, you must return all student records or materials containing student information to the school. If instructed, securely destroy any copies or notes containing student data as per school guidelines.

By volunteering, you agree to comply with FERPA's privacy and confidentiality requirements.

Acknowledgment and Agreement

By signing below, you confirm that you have read, understood, and agree to follow the FERPA guidelines, including maintaining the confidentiality of student information, limiting access to necessary information, and prohibiting disclosure to unauthorized individuals. You also agree to use student data only for your designated volunteer responsibilities and to return or securely destroy student records upon completion of your service.

Name (Please Print) _____

Signature _____

Date _____

VOLUNTEER AGREEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING BELOW.

As a partnership volunteer, I understand I am offering my services to the Haysville School District without compensation. I hereby release the district of liability and indemnify the district against any loss or damages ensuing while I am on school premises or on school business. **I agree to abide by the program guidelines and understand a background check will be conducted by the district.** I authorize without reservation, any party contacted to furnish information. I release the district and the chosen background screening company from any liability or damages resulting from the release of this information. All information obtained through such a check will be considered confidential and used strictly in determining eligibility for the partnership volunteer investigation. **I further understand that if the results of my criminal history check are unacceptable to the district, I will not be eligible to serve as a volunteer.** I understand that I will have the opportunity to review the report and a procedure is available for clarification, if I dispute the record as received.

The above information is true and correct to the best of my knowledge.

Signature _____ Date _____

This form is for collection of information needed for a background check and does not need to be uploaded.

Volunteer Disclosure and Authorization for Background Check

Section 1: Disclosure

The Haysville School District may request background information about you from a consumer reporting agency in connection with your volunteering application and for volunteering purposes. The report ordered is defined by the Fair Credit Reporting Act (FCRA) as a consumer report, and all inquiries are limited to information that affects volunteer performance and the organization. It is conducted in accordance with applicable federal and state laws including the FCRA. The screening will be conducted by an outside agency, National Screening Bureau, LLC. As a result, National Screening Bureau may obtain a consumer report on you as a volunteer or during volunteering.

A consumer report is a compilation of information that might affect your employability. The scope of the report *may* include information concerning your driving record, civil and criminal court records, credit, drug screening results, worker's compensation records, education, credentials, identity, past addresses, Social Security number, previous employment and personal references. When an organization relies on a consumer report for an adverse action, the FCRA mandates you be provided with a copy of the consumer report and a summary of your rights. An adverse action is defined as "a denial of an application for volunteering or any other decision for volunteering purposes that adversely affects and current prospective volunteer."

Section II: Authorization and Release

I have carefully read and understand this Disclosure, Authorization and Consent for the procurement of consumer reports form and the summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, National Screening Bureau, LLC, to the organization and its designated representatives and employment. I also understand that if the organization accepts me, my consent will apply, and the organization may obtain reports, throughout my employment. I also understand that information contained in my job application or otherwise disclosed by me before or during my volunteering, if any, may be used for the purposes of obtaining consumer reports and/or investigative consumer reports. By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, organizations, the military, and other individuals and sources to furnish and all information on me that is requested by the consumer reporting agency. By my signature below, I certify the information provided on this form is true and correct and will be valid for any reports that may be requested by or on behalf of the organization.

Name (Please Print) _____

Signature _____ Date _____