Brunswick School Department

School Volunteer Confidentiality Agreement

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) final regulations prohibit the sharing of student information and educational records without specific parent permission.

As a volunteer in our schools, you may encounter sensitive information due to self-disclosure by students, direct observation of activities, or by other means. This could include names of students, special programming provided to students, academic work, and/or behavioral information. It is critical that you treat such information with extreme confidentiality.

If you are concerned about a student's well-being, based on information you encounter during your volunteer work, please immediately report this to a school staff member.

Volunteer Confidentiality Statement:

The importance of confidentiality with respect to all student information has been explained to me. I understand the confidential nature of information that may be gleaned during classroom visits, interactions with students, and observation of classroom activities, and I understand the legal and ethical importance of protecting all such information. I will not share any personally identifying information about any student with other individuals or agencies.

_____ _____

(Volunteer Signature) (Date)

_____ _____

(Witness Signature) (Date)

Brunswick School Department

Volunteer Application

Full name: _____ _____ _____

(Please print) (Last) (First) (MI)

Maiden name or alias:_____ Phone(H):_____ (C):_____

Mailing Address:

_____

(Street) (Town) (Zip Code)

Email Address: _____

Emergency Contact: _____ Tel. (H)_____

Which school(s) would you most like to serve in? (Please check all that apply):

School	Yes/No	Grade Level Preference (if any)
Coffin Elementary		
Harriet Beecher Stowe		
Brunswick Jr. High		
Brunswick High		
REAL School		
District- Wide/ No preference		

Do you have any pertinent experience? If so, what experience do you have? (Such as having a child of your own, previous teaching, volunteer experience, etc.)

_____
_____
_____
_____
_____
_____

My signature below grants authorization for Brunswick School Department to perform a background check through the Maine Department of Public Safety. Findings will remain confidential.

Date of Birth: _____ / _____ / _____

Signature: _____ Date:_____

Please return completed forms to the superintendent's office at

46 Federal Street, Brunswick, ME 04011

For HR use only: CHRC complete. [ ] Applicant approved Yes [ ] No [ ]