

*Hermon School Department
31 Billings Rd.
Hermon, Me. 04401
(207)848-4000 (p) • (207)848-5226 (f)*

VOLUNTEER APPLICATION FORM AND CONFIDENTIALITY AGREEMENT

Dear Prospective Volunteer,

Welcome to the Hermon School District where we appreciate and welcome parent and community involvement in the education of our students. Each school manages placement of volunteers, and the applications are processed first with the school and then through the district central office. We request the information in the attached application to help us coordinate volunteer services and to ensure student safety.

Prospective volunteers must complete the volunteer application form and confidentiality agreement. Criminal Background checks will be performed for all prospective volunteers and at least annually on all active volunteers. Any information obtained through this form and background checks will remain strictly confidential.

The Superintendent approves all volunteer applications before volunteers begin any assignment. The supervising staff member is responsible for giving volunteers a clear understanding of the duties, procedures, and expectations necessary to perform their assignments.

Because we are responsible for student safety and need to take a conservative approach, our district will deny volunteer applications for the following reasons:

- 1. Any offense within the past 2 years other than minor traffic violation.**
- 2. Any offense that involves a minor within the past 10 years.**
- 3. Two or more offenses within the past 10 years.**
- 4. Any assault or sexual misconduct against a minor.**
- 5. Lying on the volunteer application form.**

Any applicant who is denied may appeal the denial through a meeting with the Superintendent. If a unique situation exists, approval may be reconsidered.

Important Details:

- Your child's school district will keep approved applicants on file during your child's tenure in our district, grades K 12.
- Each year we will ask whether you want to remain active.
- We run annual background checks on volunteers who wish to remain "active".
- If you have been approved to volunteer in our schools during any given year and are convicted with a crime that year, it is your responsibility to inform the school district immediately.

Sincerely,

Gary Gonyar
Superintendent

Hermon School Department

VOLUNTEER APPLICATION FORM AND CONFIDENTIALITY AGREEMENT

APPLICANT PERSONAL INFORMATION: Date: _____ School: HHS HMS HES
Specific Program: _____ OR General: _____ Field Trips _____ Classroom _____ Office
First Name: _____ Middle: _____ Last Name: _____
Maiden Name: _____ Previous Names: _____
Address: _____
Home Phone: _____ Work/Cell Phone: _____ Email: _____
DOB (required for background check): _____ Driver's License #: _____
Children in Hermon School Dept.: Grade: _____ Name: _____

Please attach a legible color copy of driver license or other ID containing name and date of birth (our office will make the copy for you if you don't have access to a color copier.)

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

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

OFFICE USE ONLY:

Athletic Director or Building Administrator: Please initial select one with your initials.

- 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: _____

VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that ALL student and staff information is confidential. I agree not to access, review, disclose, or use confidential student or staff information without specific authorization from a school administrator. I also understand that even when I am no longer a volunteer in the schools, any confidential information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in my immediate termination as a volunteer and may result in legal action against me.

I understand that I must comply with all Board policies and school rules applicable to school staff, as well as all directions from school administrators and staff while serving as a volunteer. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the Superintendent and school principal at any time if they determine it is in the best interests of Hermon School Dept.

Signature of Volunteer

Printed Name

Date