

McDade ISD Parent Volunteer Form

Name: _____

Address: _____

Email: _____

Phone: _____

How would you like to be contacted? Phone or Email

What hours can you volunteer? AM PM Evenings Weekends

How much time do you want to volunteer? 1-hour 2-hours More

What would you like to do? Copy Organize Decorate Office

Classroom-Helper Cafeteria Library

How many days of the week can you volunteer? 1-2 days 3-4 days 5 days

Note: Please see back of form for confidentiality agreement with McDade ISD



McDade ISD
Confidentiality and Access Agreement
Parent Volunteer

I, _____, am a volunteer at McDade Independent School District. Because of the nature of my volunteer position, I may have limited access to certain student record information.

I hereby agree that I will access student records of only those students directed by the Principal or his/her designee.

I understand that any unauthorized disclosure of confidential information is prohibited as provided in the federal Family Educational Rights and Privacy Act of 1974 (FERPA), 20 U.S.C. 1232 et seq. and in the implementing federal regulations found in 34 CFR Part 99. FERPA is specifically incorporated into the Texas Public Information Act (formerly known as the Open Records Act). It is listed as an expectation to records that are subject to disclosures to the public.

I hereby affirm that any student data of which I have knowledge will be kept strictly confidential, and I will not disclose any student's confidential information to anyone other than a District employee with a legitimate educational need to know. In addition, I understand that any conversations among staff are confidential and are to be protected. I will not repeat any sensitive information I may overhear regarding a student or staff member.

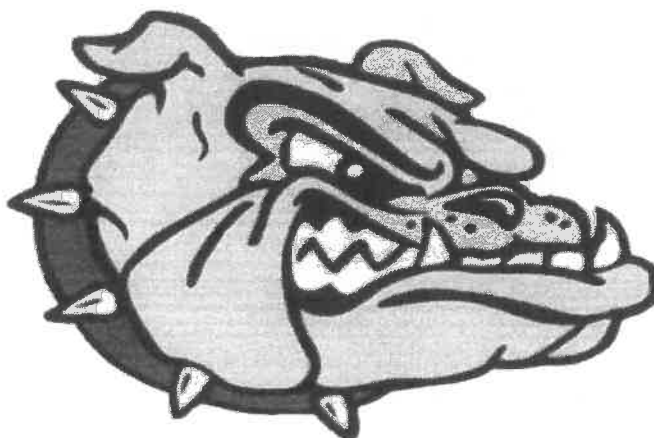
I understand that any intentional, knowing, or negligent release of confidential student information to unauthorized persons may also subject me to a legal cause of action for violation of an individual's civil rights in addition to state or federal criminal penalties.

I hereby waive, release and discharge the McDade Independent School District, its trustees, officers and employees from any claim, demand or cause of action arising out of my negligent use or misuse of confidential student information. I agree to hold the McDade Independent School District harmless from any and all liability that the District may incur, including without limitation, damages of every kind and nature and out-of-pocket costs and legal expenses, incurred by reason of my negligence or misuse of confidential student information.

Signature of Volunteer

Date

Principal retains original signed agreement with copy provided to volunteer for his or her records.



Formulario de Voluntariado para Padres de McDade ISD

Nombre: _____

Dirección: _____

Email: _____

Teléfono: _____

Cómo le gustaría ser contactado? Teléfono o Email

A qué horas puede ser voluntario?? AM PM Noches Fines de Semana

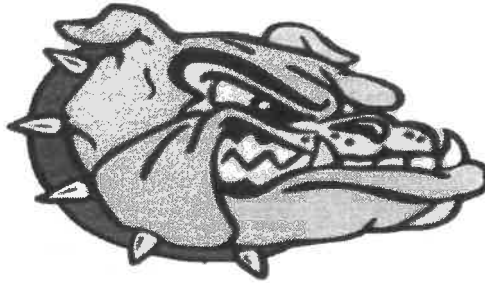
Cuánto tiempo quiere ser voluntario? 1-hora 2-horas Mas

Que le gustaría hacer? Copiar Organizar Decorar Oficina

Ayudante de clase Cafeteria Libreria

Cuántos días de la semana puede ser voluntario? 1-2 días 3-4 días 5 días

Nota: Favor de mirar el reverso del formulario para obtener un acuerdo de confidencialidad con McDade ISD



McDade ISD
Acuerdo de confidencialidad y acceso
Padre Voluntario

Yo, _____, Soy un voluntario en el Distrito Escolar Independiente de McDade. Debido a la naturaleza de mi posición de voluntario, puedo tener acceso limitado a cierta información de registros de los estudiante.

Por la presente, estoy de acuerdo en que accederé a los expedientes estudiantiles de solamente aquellos estudiantes dirigidos por la Directora o su designado.

Entiendo que cualquier divulgación no autorizada de información confidencial está prohibida según lo dispuesto en la Ley Federal de Derechos Educativos y Privacidad de 1974 (FERPA), 20 U.S.C. 1232 eg. seq. Y en la implementación de las regulaciones federales que se encuentran en el 34 CFR Parte 99. FERPA se incorpora específicamente a la Ley de Información Pública de Texas (antes conocida como la Ley de Archivos Abiertos). Se enumera como una expectativa para los registros que están sujetos a revelaciones al público.

Por la presente afirmo que los datos de los estudiantes de los cuales tengo conocimiento serán estrictamente confidenciales y no divulgaré la información confidencial de ningún estudiante a otra persona que no sea un empleado del Distrito con una necesidad educativa legítima de conocerla. Además, entiendo que cualquier conversación entre el personal es confidencial y debe ser protegida. No repetiré ninguna información sensible que pueda oír con respecto a un estudiante o miembro del personal.

Entiendo que cualquier divulgación intencional, consciente o negligente de información confidencial de un estudiante a personas no autorizadas también puede someterme a una causa legal de acción por violación de los derechos civiles de un individuo además de sanciones penales estatales o federales.

Por este medio renuncio, libero y descargo al Distrito Escolar Independiente de McDade, a sus fiduciarios, oficiales y empleados de cualquier reclamación, demanda o causa de acción que surja de mi uso negligente o mal uso de la información confidencial del estudiante. Estoy de acuerdo en mantener el Distrito Escolar Independiente de McDade libre de toda responsabilidad que el Distrito pueda incurrir, incluyendo, sin limitación, daños de cualquier tipo y naturaleza y costos de bolsillo y gastos legales incurridos por mi negligencia o uso indebido De información confidencial del estudiante.

Firma del Voluntario

Fecha

El director retiene el acuerdo firmado original con la copia proporcionada a voluntario para sus expedientes.

McDade Independent School District

P.O. Box 400

McDade, TX 78650

512/273-2522 • 512/273-2101 (Fax)

The McDade Independent School District is authorized by state law to obtain criminal history record information on applicants that the district may employ (Texas Education Code 22.083) and for parent volunteers (Texas Education Code 22.053). The information requested below is necessary to obtain criminal history record information.

I am completing this form for: employment as a _____
 parent volunteer.

Name _____
Last First Middle Maiden

Social Security Number: _____

Date of Birth: _____

Sex: Male Female

Ethnicity: Black White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment, but will be used solely for the purpose of obtaining criminal history record information.

Signature: _____

Date: _____

This form will be removed from the application and filed separately in the personnel office.

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	