



# Continental

Elementary School District #39

Date: \_\_\_\_\_

Thank you for your interest in Continental's Volunteer Program. Please complete the information below and return it to the main office. We will contact you as soon as possible regarding volunteer placement.

Mr./Mrs./Ms. \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Zip \_\_\_\_\_

Physical Limitations (if any) \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Education (circle highest grade) 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> / College 1 2 3 4 5

Current Occupation \_\_\_\_\_

Indicate days and hours you can volunteer:

\_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ AM \_\_\_\_\_ PM

Indicate grade levels preferred \_\_\_\_\_ Preschool \_\_\_\_\_ Kinder \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup>  
\_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup>

Musical abilities \_\_\_\_\_

Other interest (office, playground, etc.) \_\_\_\_\_

Heard about the volunteer program from \_\_\_\_\_

Because of the tremendous safety and security responsibilities we have for our children, their families, and the community, all volunteers will have to be fingerprinted and cleared by the Department of Safety. Please pick up a fingerprint card from the school and once completed, return it to the main office. Thank you for your assistance in this important matter.

## Confidentiality Statement

All information with regard to students and student's records *is* confidential information and such information is to be treated in strict confidence by all volunteers.

Volunteers whose duties require them to review student files and records are not to divulge any information from any record unless they are specifically authorized to do so by their supervisor.

Volunteers whose duties place them in situations which permit them unintentionally to see portions of confidential records, but whose duties do not require that they review all or part of the records are not to divulge any information from any confidential record.

Information about students, which may not be recorded in school records by is gained during classroom activities or over heard during discussions, is equally confidential to the written record and is to be treated with equal confidentiality. Discussion relative to a student's instruction or academic support should be conducted only in the classroom and where they cannot be overheard.

Information received from the student regarding self or family is also confidential and must be shared only with the supervisor.

Any volunteer who violates the confidentiality of a student or his/her records may result in termination of volunteer placement.

I, the undersigned, agree to the confidentiality statement.

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Volunteer Signature

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Date

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Site Administrator

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Supervisor/Teacher