

COQUILLE SCHOOL DISTRICT

Statement of Confidentiality

Thank you for volunteering for the Coquille Public Schools. We sincerely appreciate your support and willingness to enhance our efforts to provide a safe, academically rich learning environment for our students. Please read and sign this Statement of Confidentiality prior to volunteering with our school district. Thank you!

As a volunteer for Coquille School District, I will not divulge any information, including medical or financial, which comes to me while participating as a volunteer at Coquille School District.

- ✓ This mean I will not talk about children, staff, or parent in a way that would allow someone to identify the student, staff, or parent.
- ✓ I will not name students, staff, parents, and other volunteers or discuss personal information when engaging in conversations about school.
- ✓ If there is a concern for the safety or welfare of a child while volunteering, I will share my concern with the child's teacher, principal, or school nurse.
- ✓ In my capacity as a volunteer, I will defer to the teacher or school personnel in matters of direction and discipline.
- ✓ My own child(ren) will be expected to follow the directions and disciplinary action of the teacher or group leader even in my presence as a volunteer.

Confidentiality is a matter of courtesy and respect, and also possible liability. It protects you and your child(ren) as well as other students, staff, parents, and volunteers.

I, _____, (your name) understand that all personally identifiable information is confidential and will not be shared either verbally or in written form without first receiving prior written permission. I have read the material on what constitutes personally identifiable information provided with this form.

I will NOT discuss classroom activities or students except with the certified classroom teacher. When writing in journals, only gender and age may be used.

I agree to follow all of the requirements of confidentiality and know that failure to do so may result in immediate removal from the class and may include personal liability as the law allows. I have been given a copy of this document.

Signature of Student Teacher/Volunteer

Date

Printed Name

Volunteer Location

Principals Signature

Date

Coquille School District 8

Code: **ICC-AR**
Adopted: 12/14/92
Readopted: 6/23/97, 4/14/2008
Orig. Code(s): None

VOLUNTEER INFORMATION FORM

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

References (Non-Family)

Name: _____ Phone: _____

Name: _____ Phone: _____

Work References

Employer: _____ Phone: _____

Employer: _____ Phone: _____

Volunteer Experience

Kind of Service: _____ Organization: _____

Kind of Service: _____ Organization: _____

Please describe how you would like to volunteer service to the school and which school:

Notice of Participation

I understand that my volunteering in the Coquille School District is a service I am offering. When I am a volunteer, the principal of the school is responsible for determining my role in the classroom or activity program. As an adult working with children and young people, I am a role model. In signing below I authorize the Coquille School District to contact employers and references (including those not listed) to determine and validate my capabilities as a volunteer or verifying the information provided on this application. The Coquille School District reserves the right to refuse or terminate any volunteer services.

Signature _____

Date: _____

Note: A Criminal History Verification of all applicants is part of this application.

COQUILLE SCHOOL DISTRICT Field Trip Chaperone Agreement

CHAPERONES: If agreement has been reached with the supervising teacher, volunteers may chaperone student on this trip. Chaperones must comply with all district requirements pertaining to the chaperoning of students.

- A. Chaperones are expected assist the supervising teacher (s) and enforce all rules and regulations of the school. Chaperones must agree to perform all duties as directed by the supervising teacher.
- B. Chaperones must be responsible adults, twenty-one years of age or older, with no record of criminal conduct.
- C. There will be no smoking or use of alcohol or any other illegal substances on the part of chaperones or students irrespective of age. This rule will be in force at all times. While some participants may be twenty-one years of age or older, the fact that they are participating in a school event overrides their age status.
- D. Chaperones on overnight trips are responsible for ensuring that the students are in their appropriate hotel room or their sleeping accommodations at a set curfew time, not roaming about creating noise and infringing on the rights of others.
- E. Chaperones understand that they are not covered by any district liability insurance policy during this activity nor are the chaperones employees, agents or representatives of the district.
- F. Field trips are to begin and end at the school of origin unless other arrangements are made in advance with the school site administrator.
- G. Chaperones shall NOT bring friends or other family members on the field trip unless approved by the teacher and the school district.

I agree to the above-stated chaperone provisions:

Printed Name

Date

Signature

Date

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

**THIS FORM MUST BE ENCLOSED WITH THE 581-2281-N SCHOOL/DISTRICT COVER FORM AND A CHECK FOR \$5.00 PER APPLICANT.
ALL DOCUMENTS MUST BE MAILED TOGETHER TO THE DEPARTMENT OF EDUCATION.**

Please type or print clearly.

As Appears on License

Name: _____ Date of Birth: _____ Sex: _____
(Last Name) (First Name) (Middle Name) MM/DD/YY

List Other Names Previously Used: _____
(includes Maiden Name)

Social Security No.: _____ Driver License/Identification Card No.: _____

Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

Mailing Address: _____
Full Street Address/Post Office Box

City: _____ State: _____ Zip + 4: _____

A. Have you **EVER** been convicted of a sex-related crime? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

If yes, did the crime involve force or minors? Yes No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

D. Have you **EVER** been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes) Yes No

E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? Yes No

Advisory: A check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Oregon Department of Education will conduct a criminal offender record check of applicants for the position of school bus driver, volunteer, or other prospective school employees working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97232, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____ Date: _____

Coquille School District 8

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Orig. Code(s): None

Volunteers

The Board recognizes the need to develop a volunteer program to support instructional programs and extracurricular activities. The purpose of the volunteer program will be to:

1. Assist employees in providing and enriching instruction;
2. Assist instruction and/or supervision of extracurricular activities;
3. Strengthen school/community relations by offering increased opportunities for participation.

A volunteer is a person who works on a short-term (incidental and noncontinuing) or long-term (recurring and continuing) basis at school sites or other educational facilities to support the efforts of professional personnel. Such an adult volunteer will serve in that capacity without compensation or employee benefits of any type, except for workers' compensation and liability protection as provided by state law.

Volunteers who work directly with students will do so under the supervision and direction of a licensed person.

Volunteers are expected to comply with all rules and regulations set forth by the district.

The principal has the discretion to screen volunteers to determine if the volunteer is short-term or long-term. If the volunteer is for long-term service, the principal will require the volunteer to apply on the "Volunteer Information Form," attached. At the discretion of the principal, select short-term volunteers may be requested to apply on the "Volunteer Information Form."

The principal will be responsible for routine investigation of qualifications and character of volunteers and decision on placement.

Any conflict, dispute or misunderstanding regarding the role, function or activities of any volunteer is to be referred to the principal for resolution and decision.

Any appeal of the principal's decision shall be submitted in writing in accordance with the district's established complaint policy and procedures (KL - Public Complaints).

Legal Reference(s):

[ORS 326.607](#)
[ORS 332.107](#)

Cross Reference(s)

GCDA/GDDA - Criminal Records Checks/Fingerprinting

KL - Public Complaints

Personally Identifiable Information

Personally identifiable information includes, but is not limited to:

1. Student's name, if excluded from directory information, as requested by the student/parent in writing;
2. Name of the student's parent(s) or other family member;
3. Address of the student or student's family, if excluded from directory information, as requested by the student/parent in writing;
4. Personal identifier such as the student's social security number or student ID number;
5. A list of personal characteristics that would make the student's identity easily traceable;
6. Other information that would make the student's identity easily traceable.

Prior Consent to Release

Personally identifiable information will not be released without prior signed and dated consent of the parent, student 18 years or older or emancipated.

Notice of and/or request for release of personally identifiable information shall specify the records to be disclosed, the purpose of disclosure and the identification of person(s) to whom the disclosure is to be made. Upon request of the parent or eligible student, the district will provide a copy of the disclosed record.

Exceptions to Prior Consent

The district may disclose personally identifiable information without prior consent under the following conditions:

1. To personnel within the district who have legitimate educational interests;
2. To personnel of an education service district or state regional program where the student is enrolled or is receiving services;
3. To personnel of another school, another district, state regional program or institution of postsecondary education where the student seeks or intends to enroll;

4. To personnel connected with an audit or evaluation of federal or state education programs or the enforcement of or compliance with federal or state legal requirements of the district;
5. To personnel determining a financial aid request for the student;
6. To personnel conducting studies for or on behalf of the district;
7. To personnel in accrediting organizations fulfilling accrediting functions;
8. To comply with a judicial order or lawfully issued subpoena;
9. For health or safety emergency;
10. By request of a parent of a student who is not 18 years of age;
11. By request of a student who is 18 years of age or older or emancipated;
12. Because information has been identified as “directory information;”
13. To the courts when legal action is initiated;
14. To a court and state and local juvenile justice agencies.

END OF POLICY

Legal Reference(s):

[ORS 30.864](#)
[ORS 107.154](#)
[ORS 326.565](#)
[ORS 326.575](#)

[ORS 336.187](#)
[ORS 339.260](#)

[OAR 581-022-1660](#)

[OAR 581-021-0220 to -0430](#)

Individuals with Disabilities Education Act (IDEA), 20 U.S.C. §§ 1400 - 1427 (2006).

Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2006); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2006).

Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2006).