



Five Town CSD/MSAD #28
7 Lions Lane
Camden, ME 04843
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www.fivetowns.net

VOLUNTEER APPLICATION FORM AND CONFIDENTIALITY AGREEMENT

Dear Prospective Volunteer,

Welcome to the Five Town CSD and MSAD #28 school districts 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.

Prospective volunteers must complete and sign the volunteer application form and confidentiality agreement. Criminal Background checks will be performed for all volunteer applicants. 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 conviction within the past 2 years other than minor traffic violation.***
- 2. Any conviction that involves a minor within the past 10 years.***
- 3. Two or more convictions within the past 10 years.***
- 4. Any assault or sexual misconduct against a minor.***

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:

- Each spring we will ask whether you want to volunteer for the coming school year.
- People who want to renew their volunteer status are required to complete a volunteer application.
- We run background checks on all volunteer applicants.
- 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,

A handwritten signature in black ink, appearing to read "Maria Libby", with a long, sweeping underline.

Maria Libby
Superintendent

Program Coordinator use only: Program: _____ Fingerprinting Required: Yes No Initials: _____

FIVE TOWN CSD/MSAD#28 VOLUNTEER APPLICATION FORM AND CONFIDENTIALITY AGREEMENT

SCHOOL INFORMATION: School _____ CRES _____ CRMS _____ CHRHS _____

Specific Program: _____ Field Trips _____ Classroom _____ Other _____

APPLICANT PERSONAL INFORMATION

Today's Date: _____

First Name: _____ Middle: _____ Last Name: _____

Maiden Name: _____ Previous Last Name(s) _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____ Email: _____

DOB (required for background check): _____ Driver's License #: _____

Children in Five Town CSD/MSAD#28 Schools: 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 had any criminal conviction(s) within the past 2 years other than a minor traffic violation? Yes ___ No ___

2. Have you had any criminal conviction(s) within the past 10 years that involve(s) a minor? Yes ___ No ___

3. Have you had two or more criminal convictions within the past 10 years? Yes ___ No ___

4. Have you EVER had any assault or sexual misconduct convictions against a minor? Yes ___ No ___

If you have answered YES to any of the above questions (1 – 4), provide full details below. Use additional sheets if necessary.

If you have lived outside of Maine, please specify states and dates: _____

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 Five Town CSD/MSAD #28 Schools.

I understand that the Five Town CSD/MSAD #28 School Districts perform criminal background checks on all volunteers and I authorize persons and entities contacted by the School Districts 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 as a volunteer applicant, I am required to sign the *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 of Volunteer

Date

All application materials become the property of Five Town CSD/MSAD #28. None will be returned.

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 the Five Town CSD/MSAD#28 School Districts.

Signature of Volunteer

Printed Name

Date

BUILDING ADMIN USE ONLY:

Building Administrator: Please select one with your initials.

_____ This Volunteer **will** be alone with students. Fingerprint approval **IS** required.

_____ This Volunteer **will not** be alone with students. Fingerprint approval **IS NOT** required.

CO OFFICE USE ONLY:

Central Office Administrator:

_____ Application Approved

_____ Application Denied

CO Administrator or Authorized Official: _____ Date: _____