

Volunteer Application

Date Rec'd. by PYCSD:

Penn Yan Central School District

One School Drive, Penn Yan, NY 14527-1099
315-536-3371

Directions: This application must be completed when someone volunteers in the Penn Yan Central School District.

(PLEASE PRINT)

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Telephone No.	Date of Birth	Application Date	
Emergency Contact		Phone No.	

For what types of volunteer services do you wish to be considered? _____

In which grade levels/areas do you wish to volunteer your services? (Check all that apply):

Elementary (PreK-5) Middle School (6-8) High School (9-12) Athletics

Education

Please indicate highest level of education/degree completed:

___ High School ___ Technical School/training ___ 2 years college ___ 4 or more years of college

Please indicate any other volunteer experience you might have:

Have you ever been convicted of any violation of law (excluding minor traffic infractions) or are there any pending criminal charges against you?

Yes No

If yes, please explain _____

References

Give three (3) references not related to you whom we may contact who have first-hand knowledge of your character, personality, scholarship and ability.

Name	Position	Phone number	Current address

In order to complete the application process, you will need to:

- A) Arrange for an interview with one of the District’s Building Principals. This can be scheduled by contacting one of the individuals listed below:
 - Mr. Edward Foote, Elementary Principal (315) 536-3346
 - Mrs. Kelley Johnson, Middle School Principal (315) 536-3366
 - Mr. David Pullen, High School Principal (315) 536-4408
 - Mr. Tobin Tansey, Athletic Director (315) 536-7748
- B) Read the statement below and sign where indicated.
- C) Take the completed application with you to the interview and give it to the Building Principal.
- D) Read and sign the Penn Yan Central School District Volunteer Confidentiality Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision pertaining to my volunteering.

This application for volunteer service shall be considered active during the current school year only.

I understand any information gained through volunteering must be held in strictest confidence in accordance with the Family Educational Rights and Privacy Act (FERPA) .

I understand that false or misleading information given in my application or interview(s) may result in discontinuance of my ability for volunteer service. I understand, also, that I am required to abide by all rules and regulations of the Penn Yan Central School District, including the Code of Conduct.

_____ Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants without regard to race, color, religion, creed, gender, sexual orientation, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Interviewing Principal’s/Athletic Director’s Recommendation

I have interviewed this applicant and recommend that he/she be placed on the District Volunteer List for the _____ school year.

_____ Date

Principal’s/Athletic Director’s Signature

**SCHOOL VOLUNTEER INFORMATION SHEET
2017-18**

Directions: Please complete this School Volunteer Application as completely as possible. If you are not employed at the present time, omit the portion related to employment. If you have any questions, contact _____ at _____.

Name: _____ Address: _____

Telephone:(Home) _____

(Work) _____

Occupation: _____ Employer: _____

If you have children enrolled in the district, fill in the information below:

Child's First and Last Name	Grade Level	Homeroom Teacher

Are you fluent in any languages other than English (including sign language)? _____

I am interested in volunteering in/for: (Please answer A through F)

- A. Grade level preferred: _____
- B. In this area or activity: _____
- C. I would be willing to work in classroom areas other than with my children: _____ Yes _____ No
- D. I would be willing to be a mentor: _____ Yes _____ No Grades 4-5 Grades 6-8
- E. I would be willing to chaperone: _____ Field trips _____ Dances, Grades 6-8 or Grades 9-12
- F. I would like to be contacted to help with cafeteria supervision during lunches: _____ Yes _____ No
If yes, grades K-5 _____ or grades 6-8 _____ or grades 9-12 _____

References: (for example: friend, employer, neighbor, minister)

Name _____ Phone _____ Relationship _____

In case of emergency, please contact: _____ Phone No. _____

List any talents or skills you'd be willing to share with others: (for example, gardening, computer, cooking, crafts): _____

- * As a volunteer, you are required to comply with the Volunteer Confidentiality Agreement.
- * Elementary forms should be returned to your child's teacher.
- * Middle/High School forms should be returned to the main office.

(green)

PENN YAN CENTRAL SCHOOL DISTRICT

STUDENT PRIVACY AND CONFIDENTIALITY AGREEMENT FOR VOLUNTEERS

Your service as a volunteer in our schools is greatly appreciated. Confidentiality is of the utmost importance in your work as a volunteer with teachers and students. Any information gained through volunteering must be held in strict confidence, in accordance with the Family Educational Rights and Privacy Act (FERPA).

Before beginning service as a volunteer in our School District, it is requested that you acknowledge your intent to fulfill this responsibility by endorsing the statement below:

1. I will not discuss with others, including the child's parents/guardians, when serving as a volunteer or when no longer in a volunteer role, the content of any confidential student information which was learned in the course of or because of my volunteer work in school; nor will I disclose or permit to be disclosed, including to the student's parents/guardians, directly or indirectly, student education records, personally identifiable student information in such records, or other confidential information regarding any student. Exceptions to this rule include my ability to discuss student information with designated staff members as authorized by administration.
2. The confidentiality of student information shall include, but not be limited to, the following topics:
 - a. Academic standing (including student grades and test scores);
 - b. Attendance;
 - c. Financial status;
 - d. Physical/mental health identity and history;
 - e. Disciplinary status/records.
3. I further understand that "education records" (generally defined as "those records, files, documents, and other materials which contain information directly related to a student; and are maintained by an educational agency or institution or by a person acting for such agency or institution") cannot be released, except as enumerated in law, without parent/guardian permission.
4. As a volunteer, I understand that I am not authorized to examine, release or comment on student records/information unless expressly authorized by school officials in accordance with applicable law.
5. While in possession and control of confidential student data, I understand that I must protect those documents from being reviewed or obtained by non-authorized individuals.
6. I will never take any confidential student data off campus unless authorized by the building principal or his/her designee.
7. Concerns or questions regarding student records or issues of confidentiality shall be brought to the attention of the school administrator and/or staff member that supervises the volunteer.

8. I must report any breach or suspected breach in this confidentiality agreement to the building principal or his/her designee.
9. I understand that as a volunteer in the Penn Yan Central School District I shall perform tasks only under the supervision and guidance of appropriate staff and that I am to comply with all District rules and regulations, including, but not limited to, the District Code of Conduct.

Violations of these guidelines may constitute cause for termination of the volunteer's services. The Superintendent or his/her designee is responsible for decisions concerning continuation or discontinuance of a volunteer's activities.

Volunteer Confidentiality Agreement and Signature (required of all volunteers)

By signing, I acknowledge that I have read, understand, and will comply with the Confidentiality Statement above.

Name of Volunteer (please print) _____

Signature of Volunteer

Date

Signature of Administrator

Date

This Confidentiality Agreement will be kept on file in the Main Office of the building to which the volunteer is assigned. A copy of this agreement will be provided to the volunteer.