

SANFORD SCHOOL DEPARTMENT
917 Main Street, Suite 200
Sanford, Maine 04073
Phone: (207) 324 2810 Fax: (207) 324 5742
www.sanford.org

Volunteer Application

Name: _____	Date of Birth: _____	Phone: _____
Email: _____	Address: _____	
Do you have a child or children currently attending Sanford schools? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list each child's name, grade and school:		

Where would you like to volunteer?		
<input type="checkbox"/> Carl J. Lamb School	<input type="checkbox"/> Margaret C. Smith School	<input type="checkbox"/> Sanford Pride Elementary
<input type="checkbox"/> Sanford Middle School	<input type="checkbox"/> Sanford High School	<input type="checkbox"/> Sanford Regional Technical Ctr.
<input type="checkbox"/> SPAC-Sanford Performing Arts Center		

Thank you for your interest in our schools! All volunteers are required to undergo a State of Maine background check prior to working with our students. *This background check is free and will require your signature on the next page. Please also answer the following questions:*

	Yes	No
1. Have you ever been disciplined, discharged or asked to leave a prior position?	___	___
2. Have you ever been charged with or investigated for sexual abuse or harassment of another person?	___	___
3. Have you ever been convicted of a crime (other than a minor traffic offense)?	___	___
4. Have you ever entered a plea of guilty or "no contest (nolo contendere) to any crime (other than a minor traffic offense)?	___	___
5. Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)?	___	___

If you answered **YES** to any of these questions, please provide full details in the space provided below or on a separate sheet of paper. Conviction or other disposition of a crime is not necessarily an automatic bar to volunteering in Sanford schools but failure to disclose criminal history may prevent you from being a volunteer.



Please read and sign the following Volunteer Rules and Background Check Agreement:

I understand that I must comply with all Board policies and school rules 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.

My signature below constitutes authorization to check criminal arrest and conviction records, reference checks and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that Sanford School Department contacts in connection with my volunteer application to fully provide Sanford School Department any information on the matters set forth above. I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee which may include school committee members, administrators, other staff and members of the community. I give my consent to this disclosure. I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that my answers may be verified and that I may be declared ineligible to volunteer if the information contained herein, upon investigation, is found to be misrepresented or falsified. Moreover, if during the course of my volunteer service my record status changes because of current unlawful activity or transgression, I understand that I must notify the appropriate school administrator and that I may be declared ineligible to volunteer.

X

Signature

Date

Please read and sign the following Volunteer Confidentiality Agreement:

Students in Sanford schools have the right to expect that information about them will be kept confidential by all volunteers. Additionally, the U.S. Congress has addressed the privacy-related concerns of educators, parents and students by enacting the Family Educational Rights and Privacy Act (known more commonly as "FERPA" or the "Buckley Amendment". Among other provisions, FERPA allows the government to withdraw federal funds from any educational institution, including the Sanford School Department, which disseminates a student's educational records without his or her parent's consent.

1. Each student with whom you work has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized school department employees, as designated by the administrators. Even when discussing a student with those who are directly involved in a student's education (teacher, principal, guidance counselor, etc.) you may not share otherwise confidential information with them unless it is relevant to the student's educational growth, safety or well-being.
2. You may not share information about a student even with others who are genuinely interested in the student's welfare (social workers, scout leaders, clergy or nurses/physicians unless such confidential information is necessary for a student's care in a grave medical emergency). You must refer all such questions to the school employees so authorized- typically the student's teacher or principal.
3. Parents, friends or community members may in good faith ask you questions about a student's problems or progress. You must refer all such questions to the authorized school employee(s). You may not share information – positive or negative – about a student even with members of your own family or the student's family.
4. Before you speak, always remember that violating a student's confidentiality isn't just impolite, it is against the law!

As a volunteer for the Sanford School Department, I agree never to disclose information about a student's records or progress to anyone other than an authorized school department employee. I will refer all requests for such information from those not directly involved in the student's education to authorized school district employees. I understand that if I breach confidentiality, I will lose my privilege to volunteer with the Sanford School Department.

X

Signature

Date