

Veazie Community School

1040 School Street
Veazie, ME 04401
947-6573



Volunteer Application

First Name: _____ Last Name: _____ DOB: _____

Address: _____ Phone: _____

Email Address: _____

Do you have a child(ren) or grandchild(ren) currently attending Veazie Community School? ☐ Yes ☐ No

If Yes please list the child(ren) names and grades:

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

1. Have you ever been disciplined, discharged, or asked to resign from a prior position?	YES	NO
2. Have you ever been charged with or investigated for sexual abuse or harassment of another person?	YES	NO
3. Have you ever been convicted of a crime (other than a minor traffic offense?)	YES	NO
4. Have you ever entered a plea of guilty or "no contest" (<i>nolo contendere</i>) to any crime (other than a minor traffic offense?)	YES	NO
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?)	YES	NO

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 Veazie Community School 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 Veazie contacts in connection with my volunteer application to fully provide Veazie 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.

Signature _____ Date _____

Please read and sign the following Volunteer Confidentiality Agreement;

Students in Veazie Community School 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 Veazie School Department, which disseminates a student's education records without his or her parent's consent.

1. Each student with whom you work with 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 Veazie Community School, 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 at Veazie Community School.

Signature _____ Date _____

You may email completed form to Superintendent/Principal Timothy Tweedie, ttweedie@veaziecs.org or his Administrative Assistant, Tiffani Lindsey, tlindsey@veaziecs.org.