



(For Office Use Only)

Proposed Volunteer Purpose/Event/Activity/Assignment:

School(s)/Building location(s): _____

____ Occasional Volunteer

____ Regular Weekly Volunteer (If so, post pass needed? ____)

Fountain-Fort Carson & Fountain Police Volunteer Application & Agreement

Thank you for offering to serve as a Volunteer within the Fountain-Fort Carson School District 8. The purpose of this Volunteer Application & Agreement is to identify your interest and availability to volunteer, provide important information regarding District policies and procedures, and to establish expectations for volunteers that will help ensure that effective learning and teaching take place in a safe, secure and welcoming environment. A Volunteer is a person who works on an occasional or regular basis at school sites or other educational facilities to support the efforts of the professional staff.

As a Volunteer for Fountain-Fort Carson School District 8 and Fountain Police Department, I understand and agree to the following:

- I will receive authorization from the Principal/Administrator/School Resource Officer prior to providing service as a Volunteer.
- At all times, I will serve under the direct supervision and within visual sight of a school district staff member.
- I understand that this Volunteer Acknowledgement and Agreement is for the current school year only and that the District reserves the right to decline my volunteer service at any time and terminate this agreement.
- I understand that I must follow all laws of the State of Colorado, Board of Education policies (several are attached that are particularly applicable to volunteers), as well as school district and building procedures and guidelines, and (for coaches only) all Colorado High School Activities Association rules.
- I understand that I am expected to be familiar with the school building's evacuation and lockdown procedures.
- **Confidential Information** – I may, under limited circumstances, have access to student education records in connection with my service as a Volunteer. Student education records include all names, addresses, records, files, documents, and other materials that contain personally identifiable information on any student, as well as the personally identifiable information itself (including student grades and test scores). I agree to maintain the confidentiality of all student education records that I may generate or to which I may be given access as a Volunteer. This means that I agree not to disclose student education records or personally identifiable student information in such records to any person other than the school administrator(s) and the supervising staff member with whom I am working. Should I inadvertently acquire any confidential information concerning students or staff through the use of district technology or any other means, I understand the access of such information must be reported immediately to a district administrator. In addition, any student disciplinary information that I may observe or overhear is also confidential information and part of each student's education record. I will never take any confidential student records or information off campus or share with any person that is not required to know the information. I understand and agree that my failure to maintain the confidentiality of all student education records may disqualify me from further service as a Volunteer in the school district and may expose me to HIPAA and/or FERPA litigation.
- **Communications and relations** with staff are expected to conform to the following District norms: **Treat others with dignity and respect**, respect others' feelings, use honesty with tact, speak well of one another, intentionally look for ways to encourage each other, and when the need arises to address an issue, go directly to the person with whom you have the issue.
- I will not receive any compensation or remuneration from the school, the district, a parent or any fund-raising organization for performing volunteer service.
- I will conduct myself in a friendly, courteous manner and not show partiality toward any student nor engage in controversial topics such as my own religious or political beliefs.
- I will refer any potential student disciplinary issue to a supervising staff member or the Principal/Administrator.
- **While serving as a Volunteer, I will wear my District-issued volunteer I.D. badge at all times. This I.D. is my verification that I have been cleared and approved to provide volunteer services. I will not be allowed to provide volunteer services without having this I.D. badge and wearing it.**
- I understand that I am expected to make every reasonable effort to ensure that the school district's technology resources are used appropriately and responsibly, following the District's Acceptable Use Policy.
- I understand that it is my responsibility to inform the Principal/Administrator/School Resource Officer if any health or medical

issue may impact my services as a Volunteer.

- I understand that as a Volunteer I am covered by the District's liability insurance as long as I follow Volunteer expectations, adhere to District and building policies and procedures, and immediately notify the Principal/Administrator of any occurrence that may result in a claim.
- I understand that I am not authorized to drive vehicles or to transport children, staff or school guests in my own vehicle.
- I understand and agree that any injury I may sustain while performing service as a Volunteer will not be covered by the school district's Workers' Compensation insurance and will be my responsibility.
- **Background Screening:** I understand that because I will be working in a student-based environment, I am required to undergo a background screening to ensure that I am safe to be around students. This screening may include information concerning any criminal history in which I was involved. By providing the information requested and signing below, I consent to the District or Fountain Police Department conducting an applicable background screening.

Name (please print) _____

Date of Birth _____ Male / Female SS# _____ / _____ / _____

Home Address _____
(Street Address, Apt. #) City State Zip Code

Telephone Number(s): Cell _____ Home _____

Home Email Address: _____

How many years have you resided in Colorado? _____

Other states where you have lived and approximate length of time there: _____

How many days/hours per week are you available to volunteer? _____

Emergency contact (name and phone no.): _____

Have you ever been charged with, arrested for, convicted of, pled nolo contendere to, or received a deferred sentence or deferred prosecution for a felony or a misdemeanor crime? Yes No If yes, please describe. (Attached additional sheet if necessary.)

I do hereby attest, under penalty of perjury, that all information on and with this Application and Agreement is true and complete to the best of my knowledge. I understand that any intentional misrepresentation of facts may result in revocation of my volunteer status and that any falsification may be punishable by law.

Signature _____ Date _____

FOR OFFICE USE:

Searched State Sex Offender Website: _____ Date _____
(<https://www.colorado.gov/apps/cdps/sor/>)

Volunteer's Driver's License, Military ID or Passport: Verified _____ Copy Attached _____

School Building Budget Code to Charge for Background Check: _____

Signature of Individual Authorizing the Volunteer: _____

Submit volunteer application to the Fountain Police Department at 222 N. Santa Fe Ave., Fountain, Co 80817.