

## School Volunteer Application and Confidentiality Agreement

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Full names, grades & school of children in a Murfreesboro City School: \_\_\_\_\_

Location(s) preferred: \_\_\_\_\_

Duties/Position: \_\_\_\_\_

**Signature of school system representative verifying ID (Driver's Lic. Or State ID)** \_\_\_\_\_

**\*LOCATION PERSONNEL: MUST MAKE A COPY OF ID AND ATTACH TO APPLICATION\***

Have you ever been:

- |   |         |        |
|---|---------|--------|
| 1. Discharged, not-renewed or banned from any volunteer organization?               | ___ Yes | ___ No |
| 2. Convicted of any misdemeanor or any felony?                                      | ___ Yes | ___ No |
| 3. Convicted of any offense that involves drugs or alcohol?                         | ___ Yes | ___ No |
| 4. Presently charged with a crime that is currently pending or not yet adjudicated? | ___ Yes | ___ No |

If the answer to any of the above is "yes", please explain:

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, certify that the foregoing is true and correct. I understand that I am offering to volunteer with Murfreesboro City Schools (MCS) and that MCS may, at its discretion, decline my offer of volunteer services. In the event my volunteer services require a criminal background check under MCS procedures, I may be responsible for the cost of the check and that I may not be reimbursed for this expense. Further, if I am accepted as a volunteer, I agree to the following:

1. I am volunteering without promise, expectation, or receipt of compensation for my services;
2. I will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly and clearly authorized within the scope of my work and that I will abide by all applicable MCS & school policies and procedures and with all applicable laws. I will report to the school Principal or to the Principal's supervisor any individual's or entity's activities that I suspect may compromise the confidentiality of student information.
3. I am under the supervision of the school Principal or another designated supervisor.
4. I will immediately notify the location Supervisor where I volunteer upon being charged with any crime.
5. Any fraudulent application, violation of confidentiality or any violation of the above provisions may result in termination of my status as a MCS volunteer.

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

Approval: \_\_\_\_\_  
Supervisor Signature & Location

\_\_\_\_\_ Date