

#### Application for AUTHORIZED VOLUNTEER status

- Volunteers shall be required to apply for voluntary services and the appropriate school principal or supervisor must approve such services.
- The completed application must be submitted in person to the school you are applying to volunteer.
- All authorized volunteers serving in the district will be subject to a background check before the commencement of their service.
- A copy of your photographic identification is required to process the application.
- Authorized volunteers are defined as those that work without pay on an occasional or regular basis at school sites or other district facilities while engaged in activities that are part of the school program and are performed during the day or as an extension of the school day.
- School personnel direct all volunteer work.
- For onsite volunteering, you must sign in at the front office of the building in which you are assisting and obtain volunteer identification for the day.

**NOTE:** Volunteers may not have their children accompany them during volunteer activities.

School Name(s):							
Volunteer's Information (please print clearly): Print Name: (first, middle initial, last)							
Address:							
		Zip Code:					
Cell Phone:	Email:						
List name of child, relations	nip and/or reason for Volunteer App	lication (be specific):					
Activities that interest me:							
I Assist in supervising stude	nts, other than my own, on a day fie	eld trip.					
I Volunteer to work with stu	idents in the school.						
I Volunteer to assist with clean statement of the second secon	erical work, office, grading papers, s	ports record keeping.					
I Other activities: please ex	plain:						

# Please review this application carefully. Allow 10 days to process volunteer application.

#### **Confidentiality Guidelines**

The Family Educational Rights and Privacy Act (FERPA) gives certain rights to parents with respect to their student's educational and health records. Generally, schools must have written permission from the parents to release any information from a student's educational or health record. <u>These records and the information they</u> <u>contain may only be shared with school officials who have a legitimate education or health interest.</u>

Together, these two federal laws give guidance on how to handle student information and the Montezuma-Cortez School District RE-1 requires compliance with these laws. Information contained in a student school and health records or information about a student's health or school performance must be maintained by district employees in a confidential manner at subject to criminal and civil penalties.

District volunteers must avoid sharing any confidential information about students except to those authorized by the district to have a direct need to know (health service providers, principals and administrators, special education teachers, district registered nurses, special services providers). Protected information includes student grades or performance on school tasks, medications, health status or history of disease, frequency of doctor's appointments, history of retention, disciplinary history, and eligibility for special education services.

<u>The district's interest in protecting confidential information also extends to its staff members</u>. Examples of protected information about staff members include disciplinary records, evaluation results, health information and complaints. The Health Insurance Portability and Accountability Act (HIPPA) assures that the individual's health information is properly protected while allowing the flow of health information needed to provide high quality health care. HIPPA provides standards for the privacy of individually identifiable health information of students and staff.

In public schools, individually identifiable health information relates to the student's past, present or future physical or mental health or condition, the provision of health care to the student or the past, present, or future payment for the provision of health care to the student. This includes identifiers such as names of the student's relatives, household members, residence address, grade level or physical characteristics. I hereby certify that I have received, reviewed, and understand these Confidentiality Guidelines and will adhere to these responsibilities.

Volunteer Name (Please Print)

Volunteer Signature Date

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AUTHORIZED VOLUNTEER	OATH AND CONSENT TO	PERFORM CRIMINAL	HISTORY/BACKGROUND CHECK

l,		, am applying to prov	vide services for the Montezum	a-Cortez
			d will be used by the school dist	
conduct a criminal history,	/background chec	k. I do hereby consent to th	he use of any and all information	on provided
	-	minal history/background o	-	·
The following are my respo	onses to the ques	tions about my criminal his	tory (if any):	
1. Have you ever been con	victed of a felony	? YES NO		
If yes, please provide deta	ils below.			
City:	State:	County:		
Date of Offense:				
2. Have you ever been con	victed of a violati	on of law, other than a mis	demeanor traffic	
violation? YES No	0			
If yes, please provide deta	ils below.			
City:	State:	County:		
Date of Offense:				
Details of Conviction:				
3. Have you ever been con	victed of a sex or	drug related offense?	YES NO	
If yes, please provide deta				
		County:		
Date of Offense:				
4. This is a multi-part ques	stion. Have you eve	er received a deferred sent	ence? Has any court ever recei	ved a plea
of guilty or a plea of nolo of	contendere from y	ou? Have you ever been p	laced on probation? If you can	answer
"yes" to any part of this qu	uestion, please exp	plain in detail below. YES	NO	
City:	State:	County:		
Date of Offense:				
Details of Conviction:				
5. Have you ever had a cha	arge of child abuse	e against you substantiated	I? YES NO	
, If yes, please provide deta	•	0 /		
		County:		
Date of Offense:				
6. As of the date of this co	nsent form, do yo	u have any pending charge	s against you? YES NO	
If yes, please provide deta	ils below.			
City:	State:	County:		
Date of Offense:				

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The following information must be provided for volunteering. It will be used to complete the online background check.

Date of Birth: \_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_

Maiden name or other names used in any other records of birth, residence, or employment:

Please list all cities, counties, states, and countries of residence for the past seven (7) years. CITY/TOWN STATE COUNTRY ZIP CODE COUNTY DATES

MONTEZUMA-CORTEZ RE-1 WITNESSED OATH

Must be completed at the school and witnessed by the designated Principal Designee. I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION AND CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT, OR INCOMPLETE, I UNDERSTAND THAT ANY OMISSION OR INACCURATE INFORMATION PROVIDED FOR THIS RECORD CHECK MAY RESULT IN DENIAL OF THIS AUTHORIZED VOLUNTEER APPLICATION.

Signed this(date)	day of (month)		, 20
APPLICANT (PRINT NAME)			
APPLICANT SIGNATURE			
PRINCIPAL DESIGNEE WITNE	SS OF OATH:		
	I.D. attached- must be a star		
Principal Signature of Approval	_	Date	
Approval by Human Resources:			
Date:			
Background Check Completed On: _			

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## VOLUNTEER REQUIREMENTS

- 1. Complete the volunteer application and submit it to the school principal for approval.
- 2. Provide a copy of your driver's license to accompany the application.
- 3. Upon completing the application use the following instructions to set up and complete your fingerprinting.

### FINGERPRINTING INSTRUCTIONS

Create an account and set up a fingerprinting appointment.

Locations: There are currently locations in Durango, Dove Creek, or Dolores.

Site: <u>http://www.coloradofingerprinting.com/cabs/</u>

Computer/Internet Access: If you do not have access to a computer with internet you may schedule an appointment by calling 720-292-2722.

**Payment:** Coloradofingerprinting.com accepts debit/credit cards as well as automatic drafts from checking and savings accounts. (You will need \$10.00 to apply, NO CASH accepted.)

**Appointment Confirmation:** You must provide Human Resources with your email confirmation that you have made your appointment within 3 business days of volunteer form completion.

**Sent confirmation to**: chrvatin@cortez.k12.co.us or by bringing it to the Human Resources office at 400 N Elm St. Cortez, CO 81321

\*\*You will be asked for a code based upon the certification requirements of your position.

Use the following information ONLY IF YOU ARE SUPPORT STAFF (Custodians, Maintenance, Food Service, Secretaries, Volunteers, Coaches etc.)

NON-CERTIFIED POSTIONS Billing Code: 1384MCNON CBI unique code: 1384ETNI Reason Fingerprinted: CO/Licensure/Employment CABS Reason for CO Licensure/Employment CABS: ED—Non-Licensed SCH District 22-32-109-8 You are responsible for a \$10 registration fee. The district will pay the \$44.50 print processing fee. Do NOT select fingerprint card for \$20 Adopted 4/04/23 – Page 5 of 5

# NONDISCRIMINATION CLAUSE



Montezuma-Cortez School District RE-1 does not discriminate against any protected classes as identified by the State of Colorado. A lack of English speaking skills will not be a barrier to participation or admission. The following staff have been designated to handle inquiries regarding our nondiscrimination policies:

**Title IX Coordinator and Compliance Officer** (*Title II/ADA, Title VI*) Cynthia Eldredge, Executive Director of Human Resources 400 North Elm Street, Cortez, CO 81321 970-565-7522 ext. 1135 <u>titleIXcoordinator@cortez.k12.co.us</u>

**504** Compliance Officer (Section 504) Lisa Megel, Executive Director of Exceptional Student Services 400 North Elm Street, Cortez, CO 81321 970-565-7522 ext. 1118 504complianceofficer@cortez.k12.co.us

> M-CSD RE-1 School Governance Policies can be found on our website at: www.cortez.k12.co.us/our-district/board-of-education/policies

#### CLÁUSULA DE NO DISCRIMINACIÓN

El Distrito Escolar Montezuma-Cortez RE-1 no discrimina contra ninguna clase protegida identificada por el Estado de Colorado. La falta de habilidades para hablar inglés no será una barrera para la participación o la admisión. El siguiente personal ha sido designado para atender consultas sobre nuestras políticas de no discriminación:

**Coordinador del Título IX Oficial de Cumplimiento** (Título II/ADA, Título VI)

Cynthia Eldredge, Directora Ejecutiva de Recursos Humanos 400 Calle Elm Norte, Cortez, CO 81321 970-565-7522 extensión 1135 titleIXcoordinator@cortez.k12.co.us

504 Oficial de Cumplimiento (Sección 504)

Lisa Megel, Director Ejecutivo de Servicios para Estudiantes Excepcionales 400 Calle Elm Norte, Cortez, CO 81321 970-565-7522 extensión 1118 504complianceofficer@cortez.k12.co.us

> Las políticas de gobierno escolar de M-CSD RE-1 se pueden encontrar en nuestro sitio web en: <u>www.cortez.k12.co.us/our-district/board-of-education/policies</u> 11.28.23 DKR

Referenced Policies: AC, AC-E-1, AC-R (Option 1), AC-R-2\*, JB, JBA, JBA-E, JBB\*, JII-R NOTE: Federal law requires districts to provide continuing notification of non-discrimination statements and the Title IX coordinator's contact information. This information must be published in student, parent, and employee handbooks, course catalogs, program/employee application forms, and recruitment materials. 34 C.F.R. § 106.8.