



VOLUNTEER RELEASE FORM

I, (your name) _____ as a member of (indicate group name if applicable) _____ have offered my services as a volunteer at (name of school) _____. I agree to abide by all relevant Board policies and administrative guidelines while on duty for the District (including, but not limited to, the volunteer's obligation to keep confidential and not release or permit access to any and all student personally identifiable information to which s/he is exposed except as authorized by law).

I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

All volunteers need to display appropriate behavior at all times. All volunteers who work or apply to work unsupervised with children will be required to provide a set of fingerprints so that a criminal records check can be conducted.

DUTY TO MAINTAIN CONFIDENTIALITY OF STUDENT RECORDS AND INFORMATION

The District is committed to maintaining the security and confidentiality of all student records and/or student personally identifiable information. As an approved volunteer in the District, you may have access to student records and/or student personally identifiable information that must be maintained as confidential and not released and/or permitted access to except as authorized by Board policy and law. Violations of this duty may result in a reassignment and/or restriction of your volunteer responsibilities by the building principal or designee.

Volunteers must comply with the following:

- All student records are considered confidential.
- Directory information including the student's name, address, telephone number, date and place of birth, major field of study, participation in officially-recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received and previous educational agencies or institutions attended, can only be shared with administrative approval.
- Records may not be left in a place where they can be viewed by others.
- Copies of records may only be shared with administrative approval.

- Volunteers may not discuss or repeat information overheard while in the staff lounge, classrooms, offices, school grounds, hallways, school or extra-curricular activities.
- Volunteers may not discuss information obtained while in a classroom, such as a student's grade or behavior, with anyone other than the student's teacher or the building principal.
- Concerns or questions regarding student records or issues of confidentiality should be brought to the attention of the staff member responsible for supervising your activities and/or the building principal.
- Any knowledge of a violation of these provisions must be immediately reported to the staff member responsible for supervising your activities and/or the building principal.

By signing below you acknowledge that you have read and understood, and agree to comply with the terms and conditions set forth above.

Volunteer's Signature

District Witness' Signature

Date

AFTER COMPLETION PLEASE RETURN THIS FORM TO YOUR SCHOOL OFFICE OR IF YOUR ARE A COMMUNITY VOLUNTEER RETURN TO THE VOLUNTEER MANAGER AT:

**Cleveland Metropolitan School District
Family and Community Engagement Office
1111 Superior Ave., Suite 250
Cleveland, OH 44114**

Phone: (216)838-0337/Fax : (216)436-5010/ judith.lozada@clevelandmetroschools.org

For CMSD Use Only

Building Assigned: _____

Volunteer Service Assigned: _____

Volunteer Supervised by: _____

Background check needed: ___ Yes ___ No

Emergency form submitted: _____ **Release form submitted:** _____