



VOLUNTEER (MINOR) RELEASE FORM

I, _____, the parent/guardian of _____, a minor (herein, "my child"), who wishes to volunteer with the District; by signing below, I am consenting to allow my child to assist in a volunteer service role with the District. I have discussed the content and responsibilities of this Release with my child and he/she has indicated to me that he/she understands and will cooperate and observe the requirements of this Release.

My child has offered his/her services as a volunteer at _____. My child has indicated to me that he/she understands and will 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 my child is covered under the District's liability insurance policy, he/she is not covered by its health insurance policy nor is he/she eligible for workers' compensation. Should my child 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, my child is 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 child's volunteer services.

I have discussed with my child and he/she has indicated the understanding that all volunteers need to display appropriate behavior at all times. I understand that 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; I consent to the fingerprinting of my child as a requirement of his/her volunteer services.

STATEMENT OF 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, one 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 the 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.

I have read, understood and discussed with my child the foregoing Statement of Duty regarding confidentiality of student records. My child has indicated that he/she understands and will abide by these provisions; further, my child has indicated to me that he/she understands the consequences of not complying with these provisions.

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

Parent/Guardian's Signature

Minor Volunteer's Signature

District Witness' Signature

Date

**AFTER COMPLETION PLEASE RETURN THIS FORM TO CMSD SCHOOL SITE MAIN OFFICE OR
CMSD DEPT. REPRESENTATIVE.**

***If you have questions regarding registration please contact
CMSD Volunteer Manager at 216-838-3223.***

For CMSD Use Only

Building Assigned: _____

Background check completed (Level 3 only): _____

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