

## Longfellow Elementary School Volunteer Application

- Please complete this form to volunteer in the Portland Public Schools and return to in the front office, or a classroom teacher at Longfellow School. If you have any questions, contact Melissa Riley, the Community Coordinator by calling 207-874-8195, or emailing: [rileym@portlandschools.org](mailto:rileym@portlandschools.org), fax 207-874-8284.
- Complete one application for each adult volunteer (forms are available at Longfellow, and on the school website: [longfellow.portlandschools.org](http://longfellow.portlandschools.org))
- Read and sign the confidentiality agreement on the back.**

### I. Volunteer Name

**Birth Name** \_\_\_\_\_  
*First Middle Name Last*

\_\_\_\_\_ *First Middle Last*

### Address

(#, Street, Apt. #, Town/City, State, Zip Code)

**Day Phone** \_\_\_\_\_ **Other phone** \_\_\_\_\_ **Your DOB** \_\_\_\_\_

### Email Address

*Please list all children in Portland Public Schools:*

**Child's name** \_\_\_\_\_ **School** \_\_\_\_\_ **Teacher/RM** \_\_\_\_\_ **Grade** \_\_\_\_\_

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**Volunteer relationship to student/school:** mother father other relationship \_\_\_\_\_ care provider the community

### II. Current Employer

**Address** \_\_\_\_\_  
*# and street town/city state zip*

**Supervisor's Name** \_\_\_\_\_ **Day Phone** \_\_\_\_\_

### III. References (two individuals who are *not related* to you).

**1. Name** \_\_\_\_\_ **Day Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
*# and street town/city state zip*

**Email** \_\_\_\_\_

**2. Name** \_\_\_\_\_ **Day Phone** \_\_\_\_\_

**Address** \_\_\_\_\_  
*# and street town/city state zip*

**Email** \_\_\_\_\_

### IV. If you have lived outside Maine, please identify the states and dates below:

### V. In case of an emergency, please notify:

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Physician's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Significant Health Issue (optional)** \_\_\_\_\_

**Hospital Preference** \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES**

## Longfellow Elementary School Volunteer Application

### VI. Confidential Background Information -

The following information is asked of all individuals who volunteer to work with our children to help insure the safety of our students.

Have you ever been charged with or investigated for sexual abuse or harassment of another person?

Yes

No

Have you ever been convicted of a crime (other than a minor traffic offense)?

Yes

No

Have you entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)?

Yes

No

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)?

Yes

No

If you have answered "yes" to any of the previous questions, please explain in detail on the back of this application all circumstances, including the date of court action, the offense in question and the address of the court involved.

Refusal to provide authorization for reference and/or criminal records checks and/or providing false or misleading information on this application form shall constitute sufficient reason to deny approval to serve as a volunteer or termination as a volunteer in the Portland Public Schools.

I understand that the Portland Public Schools performs reference and criminal records checks on volunteers. I further authorize those persons, agencies, or entities that the Portland Public Schools contact in connection with my volunteer application to fully provide the Portland Public Schools any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I otherwise might have against the Portland Public Schools, its agents, and its officials, or against any provider of such information. I understand that the Portland Public Schools reserves the discretion to deny my application or revoke approval to serve as a volunteer at any time if it is deemed in the best interests of the district.

**I understand that information submitted in and with this registration may be disclosed to Portland Public Schools administrators and staff. School staff may conduct a criminal records check. I give my consent to this disclosure. The Portland Public Schools will not share this information with any other organization.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Portland Public Schools Student Privacy Statement and Volunteer Confidentiality Agreement

#### Student Privacy and Volunteer Confidentiality

Students in the Portland Public Schools have the right to expect that information about them will be kept confidential by all volunteers. Additionally, the U.S. congress has addressed the privacy-related concerns of educators, parents, and students by enacting the Family Educational Rights and Privacy Act (known more commonly as "FERPA" or the "Buckley Amendment"). Among other provisions, FERPA allows the government to withdraw federal funds from any educational institution, including the Portland Public Schools, which disseminates a student's education records without his or her parent's consent.

- Each student with whom you work has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized school department employees, as designated by the administrators at your school. Even when discussing a student with those who are directly involved in a student's education, such as a teacher, principal, or guidance counselor, you may not share otherwise confidential information with them unless it is relevant to the student's educational growth, safety, or well being.
- You may not share information about a student even with others who are genuinely interested in the student's welfare, such as social workers, scout leaders, clergy, or nurses/physicians (a grave medical emergency, in which confidential information may be necessary for a student's care, is the only exception). Thus, you must refer all such questions to the school employees so authorized and indicated to you, typically the student's teacher or principal.
- Parents, friends, or community members may in good faith ask you questions about a student's problems or progress. Again, you must refer all such questions to the authorized school employees. You may not share information about a student even with members of you own family or the student's family.
- Before you speak, always remember that violating a student's confidentiality isn't just impolite, it's against the law!

#### Agreement

I, (print name) \_\_\_\_\_, as a volunteer for Portland Public Schools agree never to disclose information about a student's records to anyone other than an authorized school department employee. I will refer all requests for such information from those not directly involved in the student's education to authorized school department employees.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES**