

Portland Public Schools Volunteer Survey

Office Use: sern lvl ____

This SURVEY to be completed annually by Longfellow volunteers.

You must have a one-time volunteer APPLICATION on file and have been screened in order to volunteer.

Please return to: Melissa Riley, Community Coordinator, a classroom teacher, or the front office.

Contact Melissa Riley with any questions: rileym@portlandschools.org, 874-8195

I do NOT authorize my contact information to be shared with Longfellow School committees.

I.

Volunteer Name: _____
First Middle Name Last

Volunteer Birth Date: _____ **Today's Date** _____
month/date/year

Volunteer school connection: *mother father other relationship* _____ *care provider classroom guest*

Address _____
and Street City state zip

Daytime Phone _____ **Other Phone** _____

Email Address _____ **Occupation** _____

Student's Name _____ **Teacher/Room** _____ **Grade** _____

Student's Name _____ **Teacher /Room** _____ **Grade** _____

Student's Name _____ **Teacher /Room** _____ **Grade** _____

II. Please check the volunteer opportunities that interest you:

School Based:

- **Classroom**
 - Classroom support
 - Field Trips
- **Clerical Support**
 - Photocopying
 - Laminating
 - Data entry
 - Small projects
- **Library**
 - Shelving
 - Data Entry
 - Typing
 - Book Maintenance
- **Computers/Technology**
 - Administrative help
 - Computer lab
 - School Website

PTO:

- Programs Committee
- Library Committee
- Poet's Hideaway – *Learning Garden behind school*
- Cultural Enrichment
- Clubs and Classes
- Spaghetti Supper
- Auction
- School Fair
- Baker's Brigade
- Back-to-School BBQ

At Home:

- Telephoning
- Word processing
- Spreadsheet/data entry
- Sewing
- Arts/crafts
- Baking/Cooking

Photography/Videography:

- Video
- School event photographer
- Classroom events
- TV3 videography

Other:

- School Pictures
- Green Team
- Grant writing
- Book Fair
- School-wide Events (i.e. celebrations, assemblies)
- Talent or skill to share with class, or grade.**

Please Complete Both Sides

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** _____

III. 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