

Confidentiality Guidelines

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

Together, these two federal laws give guidance on how to handle student information and the Dolores School District Re-4A 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 all times. Violation of this confidentiality can result in disciplinary action for our employees, and could also be 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, administrators, special education teachers, district nurse, BOCES 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.

The district's interest in protecting confidential information also extends to its staff members. 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 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 member, 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: _____ Date: _____
Please Print

Volunteer Signature: _____

DOLORES SCHOOL DISTRICT RE-4A

Authorized Volunteer Oath and consent to Perform Criminal History/Background Check

I, _____, am applying to be a volunteer for Dolores School District Re-4A. I have been advised that the school district conducts a criminal history/background check. I do hereby consent to the use of any and all information provided in this application form to be used in the criminal history/background check.

The following are my responses to questions about my criminal history (if any):

1. Have you ever been convicted of a felony? YES NO
If yes, please provide details below.
State:
County:
Date of Offense:
Details of conviction:

2. Have you ever been convicted of a violation of law, other than a misdemeanor traffic violation? YES NO
If yes, please provide details below.
State:
County:
Date of Offense:
Details of Offense:

3. Have you ever been convicted of a sex or drug related offence? YES NO
If yes, please provide details below.
State:
County:
Date of Offense:
Details of Offense:

4. This is a multi-part question. Have you ever received a deferred sentence? Has any court ever received a plea of guilty or a plea of nolo contendere from you? Have you ever been placed on probation? If you can answer "yes" to any part of this question please explain in detail below. YES NO
County:
City:
Date of Offense:
Details of Conviction:

5. Have you ever had a charge of child abuse against you substantiated? YES NO

If yes, please provide details below.

County:

City:

Date of Offense:

Details of Conviction:

6. As of the date of this consent form, do you have any pending charges against you?

YES NO

If yes, please provide details below.

Date of Arrest:

State:

County:

Date of Birth: _____ Social Security No. _____

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

This section is to be used to list all counties, states, and countries of residence for the past five years. Please write the most recent first:

CITY/TOWN	STATE	COUNTRY	COUNTY	DATES

AUTHORIZED VOLUNTEER WITNESSED OATH

Must be completed at the school or district office and witnessed by designated Re-4A employee.

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 _____ day of _____, 20_____

APPLICANT'S SIGNATURE: _____

Principal/Director or District Office witness of oath: _____

