

**Pendleton County Schools
Volunteer Application Form**

First Name		Middle Name	Last Name/Maiden Name
Mailing Address/Physical Address		Cell Phone	Alternate Number
City/State/Zip Code		Date of Birth	
Social Security Number	Driver's License Number (<u>MUST HAVE KY LICENSE</u>)		Driver's Licenses Expiration Date:
Email Address			
Contact in Case of Emergency		Relationship	Phone Number
Do you have children in school? <input type="checkbox"/> Yes <input type="checkbox"/> No *if more than three, list names on the back (Please provide children's information below.)			
Last Name: _____		First Name: _____	School: NES/SES/SMS/PCHS
Last Name: _____		First Name: _____	School: NES/SES/SMS/PCHS
Last Name: _____		First Name: _____	School: NES/SES/SMS/PCHS
Which school would you like to volunteer (check all that apply):			
<input type="checkbox"/> Northern Elementary <input type="checkbox"/> Southern Elementary <input type="checkbox"/> Sharp Middle School <input type="checkbox"/> Pendleton Co. High School			
References, excluding family:			
Name: _____		Address: _____	Phone: _____
Name: _____		Address: _____	Phone: _____
Name: _____		Address: _____	Phone: _____

Pendleton County Schools District Wide Volunteer PARTICIPATION STATEMENT

1. I understand that by filling out a volunteer application, I am subject to a criminal background check and authorize Pendleton County Schools to conduct the background check as applicable to board policy.
2. I will conduct myself in a friendly, courteous manner and not show partiality toward any student, and will remain neutral in my speech and actions with respect to religion and politics at all times that I am engaged in volunteer activities with students.
3. I will not discuss with others, while serving as a volunteer or when no longer in a volunteer role, the content of any specific student education records nor will I disclose student educational records, personally identifiable student information such as records, or other information that may reasonably be considered confidential.
4. While in possession and control of student records, and while handling, distributing, organizing mailing or filing student education records, I understand and agree that I must protect those records from being viewed or obtained by non-authorized individuals.
5. I understand and agree that questions about the content of student education records must be directed to a PCS employee who is authorized to view the records and provide information regarding their content. As a volunteer, I understand and agree that I am not authorized to provide information regarding student records.
6. I will never take any student education records off campus unless authorized in writing by the site supervisor or Principal or his/her designee.
7. I must report any breach or suspected breach in confidentiality of student education records immediately upon my discovery thereof to the Director or Principal or his/her designee. I understand and agree that my failure to maintain the confidentiality of student education records and personally identifiable information to which I am given access may disqualify me from further service as a volunteer in Pendleton County School District.
8. I understand and agree that as a Pendleton County Volunteer, I will be subject to the direction and control of the Supervisor/Director or Principal of the school, or their designee.
9. I have read the Volunteer Handbook and agree to the principles and guidelines as stated.

Volunteer Signature: _____ Date: _____

Volunteer – Print Name: _____

ADMINISTRATIVE OFFICE USE ONLY

Criminal Record (other than minor traffic offenses): Yes No

Signed _____

Date: _____