

1320 West Main Street Suite 202
Franklin, Tennessee 37064
(615) 472-4000
Website: <http://www.wcs.edu>



School Volunteer Application and Confidentiality Agreement

Name: (Last) _____ (First) _____ (M.I.) _____ Date: _____

Address: _____ Home Phone: _____

City/State: _____ Zip Code: _____ Cell Phone: _____

Full names, grades & school of children in a Williamson County school: _____

School Site(s) preferred: _____

Duties/Position: _____

Signature of school representative verifying ID (Driver's Lic. Or State ID) _____

SCHOOL PERSONNEL: MUST MAKE A COPY OF ID AND ATTACH TO APPLICATION

Have you ever been:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Discharged, not-renewed or banned from any volunteer organization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Convicted of any misdemeanor or any felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Convicted of any offense that involves drugs or alcohol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Presently charged with a crime that is currently pending or not yet adjudicated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "yes", please explain: _____

I, the undersigned, certify that the foregoing is true and correct. I understand that I am offering to volunteer with Williamson County Schools (WCS) and that WCS may, at its discretion, decline my offer of volunteer services. In the event my volunteer services require a criminal background check under WCS procedures, I am responsible for the cost of the check and that I may not be reimbursed for this expense. Further, if I am accepted as a volunteer, I agree to the following:

1. I am volunteering without promise, expectation, or receipt of compensation for my services;
2. I will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly and clearly authorized within the scope of my work and that I will abide by all applicable WCS & school policies and procedures and with all applicable laws. I will report to the school Principal or to the Principal's supervisor any individual's or entity's activities that I suspect may compromise the confidentiality of student information.
3. I am under the supervision of the school Principal or the Principal's designee.
4. I will immediately notify the school Principal where I volunteer upon being charged with any crime.
5. Any fraudulent application, violation of confidentiality or any violation of the above provisions may result in termination of my status as a WCS volunteer.

Volunteer Signature

Date

Approval: _____

Principal Signature & School

Date