



Uintah School District Volunteer Form and Confidentiality Agreement

Name: _____

Address _____

Telephone: Home _____ Work or Alternate _____

Have you previously had a background check conducted at Uintah School District for **volunteering**?
(background checks for previous employment with Uintah School District are not retained by the district)
Yes No

If yes, no additional background check or reference check is required.
If no, HR will contact the applicant to schedule and conduct fingerprinting and background check.

Valid Email: (you will be sent a link to schedule a Background check appointment)

School(s) volunteering at: _____

Teacher(s)/Classroom(s): _____

Have you ever:

- Yes No Been arrested for an alleged violation of law other than a minor traffic violation?
Yes No Plead guilty and had your guilty plea held in abeyance in a criminal proceeding?
Yes No Been placed on probation in conjunction with a criminal charge or conviction?
Yes No Are any criminal charges or proceedings pending against you?

*****If you answered yes to any of the above, provide a letter of explanation. Each conviction will be judged in relation to time, seriousness, circumstances, and relationship to position sought, and will not necessarily bar you from employment.***

Previous Work Experience:

Yes No Are you presently employed? If so, where? _____

What type of work are you doing? _____

Name of Supervisor: _____ Telephone #: _____

Yes No Do you have relatives who work for Uintah County School District?

If so, who: _____

Yes No Are you 21 years of age or older?



List three references who know your professional ability and personal character.

Name	Email Address	Telephone #

Agreement: I certify that the information I have provided is correct and complete to the best of my knowledge. I understand that providing false or misleading information on this or other employment documents, including health insurance applications, will disqualify my application and provide sufficient grounds for my dismissal should I be hired.

I understand that I may encounter and/or have access to confidential information and records pertaining to students, parents or guardians of students, patrons, employees, contractors, volunteers, retirees, donors, or other individuals or entities associated with Uintah School District.

I understand that confidential information includes but is not limited to:

1. Educational records which may include student identifiers; results of student assessments; grades; attendance data; financial, health, or personal family information; disciplinary or other social or behavioral information; and/or eligibility data. I understand that such information is governed by federal and state law including the Family Education Rights and Privacy Act (FERPA), Utah State Family Educational Rights and Privacy Act, and Student Data protection Act.
2. Personal identification information, which means an individual's name in combination with any one or more of the following: social security number; drivers license number or identification card number; or financial account number, credit or debit card number in combination with any required security code, access code, or password that would permit access to an individual's financial accounts.
3. Protected Health Information, which means information that is created or received by the district, in electronic media or any other form, that relates to the physical or mental health or condition of an employee, retiree, or student in the provision of health care that identifies or can be used to reasonably identify the employee or retiree, or student individually.

I agree to access, use, or disclose confidential information only as required and permitted in performing my assigned duties. I understand that this obligation extends to any confidential information, whether oral, written, or electronic regardless of the manner in which the confidential information was accessed or obtained. I understand that some confidential information may be shared with other district employees, volunteers, affiliates, or contractors on a "need to know" basis. However, I will not misappropriate or misuse confidential information at any time, and I agree to safeguard all confidential information.

I understand unauthorized access, use, or disclosure of confidential information will result in disciplinary action up to and including termination.

If I become aware that a breach of confidential information has occurred due to my own or others' acts of omissions, I agree to immediately report that breach to my immediate supervisor. I understand that failure to report a breach of confidentiality is a violation of this agreement and may subject me to administrative actions and appropriate penalties and sanctions.

By initialing below, I acknowledge that I have carefully read and understand the above agreement and agree to abide and be bound by its terms. I agree to allow Uintah School District to conduct a background and reference check. I am knowingly and voluntarily initialing this authorization.

Applicant Initials _____

Signature of Volunteer

Date

Signature of Administrator

Date