



MINOR VOLUNTEER REGISTRATION INFORMATION

Please print clearly. All areas must be completed if applicable. Thank you!

Name:	Affiliated Community Group:	
Home Address:		
City:	State:	Zip code:
Home Phone:	Cell phone:	
Email:	Date of Birth:	
I wish to volunteer at a: <input type="checkbox"/> School <input type="checkbox"/> Department <input type="checkbox"/> Program <input type="checkbox"/> Special Event		
Name of School, Department and/or Program:		
Does your child attend a CMSD School? <input type="checkbox"/> Yes <input type="checkbox"/> No / Name of School:		
Have you volunteered at CMSD before? <input type="checkbox"/> Yes <input type="checkbox"/> No / Please indicate the most recent school year: 20__ - 20__		
Have you been convicted of any of the felonies listed on the following sheet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
In case of emergency please contact:		
Name:	Phone #:	<input type="checkbox"/> Home <input type="checkbox"/> Cell
Illness or health condition of note:		
Medications taken:		
Allergies to:		

I give permission to have emergency care administered.

Signature (Parent signature if volunteer is a minor): _____

Date: _____

No person is to be accepted or maintained as a volunteer if s/he has been convicted of any of the following offenses:

- A. aggravated murder, murder, voluntary manslaughter, involuntary manslaughter
- B. felonious assault, aggravated assault, assault
- C. failing to provide for a functionally impaired person
- D. aggravated menacing
- E. patient abuse or neglect
- F. kidnapping, abduction, child stealing, criminal child enticement
- G. rape, sexual battery, corruption of a minor, gross sexual imposition, sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring, prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually
Oriented matter involving a minor, illegal use of minor in nudity-oriented material or performance
- H. aggravated robbery, robbery
- I. aggravated burglary, burglary
- J. abortion without informed consent
- K. endangering children
- L. contributing to the delinquency of children
- M. domestic violence
- N. carrying concealed weapons, having weapons while under disability, improperly discharging firearm at or into a habitation or school
- O. corrupting another with drugs
- P. trafficking in drugs
- Q. illegal manufacture of drugs or cultivation of marijuana
- R. funding of drug or marijuana trafficking
- S. illegal administration or distribution of anabolic steroids
- T. drug possession offenses (that are not a minor drug possession offense)
- U. placing harmful objects in or adulterating food or confection
- V. a felony
- W. an offense of violence
- X. a theft offense (as defined in R.C. 2913.01)
- Y. a drug offense (as defined in R.C. 2925.01 that is not a minor misdemeanor).

After completion, please return to your school's main office or if you are a volunteer of the community please return to the Volunteer Manager at:

Cleveland Metropolitan School District
Family and Community Engagement Office
1111 Superior Ave., Suite 250/Cleveland, OH 44114
Phone: (216)838-0337/Fax: (216)436-5010/ judith.lozada@clevelandmetroschools.org



VOLUNTEER (MINOR) RELEASE FORM

I, _____, the parent/guardian of _____, a minor (herein, "my child"), who wishes to volunteer with the District; by signing below, I am consenting to allow my child to assist in a volunteer service role with the District. I have discussed the content and responsibilities of this Release with my child and he/she has indicated to me that he/she understands and will cooperate and observe the requirements of this Release.

My child has offered his/her services as a volunteer at _____. My child has indicated to me that he/she understands and will abide by all relevant Board policies and administrative guidelines while on duty for the District (including, but not limited to, the volunteer's obligation to keep confidential and not release or permit access to any and all student personally identifiable information to which s/he is exposed except as authorized by law).

I understand that, although my child is covered under the District's liability insurance policy, he/she is not covered by its health insurance policy nor is he/she eligible for workers' compensation. Should my child become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, my child is not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my child's volunteer services.

I have discussed with my child and he/she has indicated the understanding that all volunteers need to display appropriate behavior at all times. I understand that all volunteers who work or apply to work unsupervised with children will be required to provide a set of fingerprints so that a criminal records check can be conducted; I consent to the fingerprinting of my child as a requirement of his/her volunteer services.

STATEMENT OF DUTY TO MAINTAIN CONFIDENTIALITY OF STUDENT RECORDS AND INFORMATION

The District is committed to maintaining the security and confidentiality of all student records and/or student personally identifiable information. As an approved volunteer in the District, one may have access to student records and/or student personally identifiable information that must be maintained as confidential and not released and/or permitted access to except as authorized by Board policy and law. Violations of this duty may result in a reassignment and/or restriction of the volunteer responsibilities by the building principal or designee.

Volunteers must comply with the following:

- All student records are considered confidential.
- Directory information including the student's name, address, telephone number, date and place of birth, major field of study, participation in officially-recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received and previous educational agencies or institutions attended, can only be shared with administrative approval.
- Records may not be left in a place where they can be viewed by others.
- Copies of records may only be shared with administrative approval.

- Volunteers may not discuss or repeat information overheard while in the staff lounge, classrooms, offices, school grounds, hallways, school or extra-curricular activities.
- Volunteers may not discuss information obtained while in a classroom, such as a student's grade or behavior, with anyone other than the student's teacher or the building principal.
- Concerns or questions regarding student records or issues of confidentiality should be brought to the attention of the staff member responsible for supervising your activities and/or the building principal.
- Any knowledge of a violation of these provisions must be immediately reported to the staff member responsible for supervising your activities and/or the building principal.

I have read, understood and discussed with my child the foregoing Statement of Duty regarding confidentiality of student records. My child has indicated that he/she understands and will abide by these provisions; further, my child has indicated to me that he/she understands the consequences of not complying with these provisions.

By signing below I acknowledge that I have read and understood, and agree to comply with the terms and conditions set forth above.

Parent/Guardian's Signature

Minor Volunteer's Signature

District Witness' Signature

Date

AFTER COMPLETION PLEASE RETURN THIS FORM TO YOUR SCHOOL OFFICE OR IF YOU ARE A COMMUNITY VOLUNTEER RETURN TO THE VOLUNTEER MANAGER AT:

**Cleveland Metropolitan School District
Family and Community Engagement Office
1111 Superior Ave. Suite 250
Cleveland, OH 44114**

Phone: (216)838-0337 / Fax: (216)436-5010 / judith.lozada@clevelandmetroschools.org

<p>For CMSD Use Only</p> <p>Building Assigned: _____</p> <p>Background check completed (Level 3 only): _____</p> <p>Emergency form submitted: _____ Release form submitted: _____</p>
