



Building Relationships and Volunteer Opportunities

Volunteer Application

Attn: Gina Zervos
500A Forum Drive • Rolla, MO 65401
458.0100 • gzervos@rolla31.org

Name: _____ Date: _____
Last First

Address: _____
Street City, State & Zip Code

Home Phone: _____ Daytime Phone: _____ Cell #: _____

E-mail Address: _____

Employer & Title (if applicable): _____

Please check appropriate box: Parent Community Volunteer Retired Teacher?
 Student: Major _____

If any, name(s) child(ren) attending Rolla Public Schools: (Name/Grade/School)

Previous Volunteer Experience: _____

Type of Volunteer Work Preferred: (mark all that apply)

Assist in Classroom Clerical Work Work in Library

Work with Individual Child Work with Small Groups of Children

Assist in academic areas: Math: _____ Science: _____

Reading English Language Learner (ELL) Language: _____

Other: _____

Preferred School Placement, Teacher & Grade Level: _____

Times Available: Please indicate time you can spend in school. Example: 9 AM - 11:00 AM

<input type="checkbox"/> Regular:	_____	Morning	_____	Afternoon	_____	Morning	_____	Afternoon	_____
	Monday				Thursday				
	Tuesday				Friday				
	Wednesday								

On-Call (Temporary help to be arranged when needed)

To the best of my knowledge, I am in good health and free from any disease which may be communicated to any child whom I might be in contact and have no past record of negative nature that might case doubt upon the appropriateness of me working with children.

Signature: _____

Please list additional comments & instructions on other side



ROLLA PUBLIC SCHOOLS RELEASE OF INFORMATION

The Rolla Public Schools District is committed to providing a safe environment for students to learn. As part of this effort, the district requires criminal background checks of employees, as well as volunteers, chaperones, and others in positions where they will be left alone with a child in accordance with Policy GBEC Critical. Information received by the district pursuant to a criminal background check is confidential. Except as allowed by law, the district will only use this information for the district's internal purposes. The district will keep this information in a location that is only accessible to persons who need

Registration can be completed in three easy steps!

Step 1: Register with FCSR online
(<http://health.mo.gov/safety/fcsr/>)

A one-time registration fee of \$14.25 applies.

Step 2: Complete this "Release of Information" form and return it to the RPS Administration Offices at 500A Forum Drive.

Step 3: Wait for notification of approval from Rolla Public School District.

PERSONAL INFORMATION

Please Print. Provide registered names used with FCSR.

Last Name: _____

Gender: Male Female

First Name: _____ Middle Name: _____ Suffix: (if applicable) _____

Other Names Used: (If applicable. Include other last names, other first names, nicknames.)

Date of Birth: (mm/dd/yy) / /

Social Security Number: - -

CONTACT INFORMATION

Street Address: _____ PO Box: _____

City, State, Zip Code: _____ Email: _____

Home/Cell Phone: - -

AUTHORIZATION

I certify that I am registered with the Missouri Department of Health and Senior Services - Family Care Safety Registry (FCSR). I hereby authorize Rolla Public School District to conduct a check of records to verify background information on the FCSR website. I understand that my social security number will only be utilized to verify background information with the FCSR. I also understand I must inform the Rolla Public School District if I am subsequently convicted of any criminal offense during my affiliation with the school district and its programs. I understand I will only have to register once with FCSR, however I must contact the Rolla Public School District's Human Resources or Volunteers office to have a background check run annually. I grant permission for the Rolla Public School District to conduct a background check on me either by verbal or electronic communication authorized by me.

Signature of Chaperone/Volunteer: _____ Date: _____

OFFICE ONLY

Volunteer Chaperone Recruiter Other _____

Date(s) check conducted: _____

Initials: _____



Rolla Public Schools Volunteer Agreement

Students in the Rolla Public Schools have the right to expect that information about them will be kept confidential by all volunteers. Additionally, the U.S. congress has addressed the privacy-related concerns of educators, parents, and students by enacting the Family Educational Rights and Privacy Act (known more commonly as “FERPA” or the “Buckley Amendment”). Among other provisions, FERPA allows the government to withdraw federal funds from any educational institution, including the Rolla Public Schools, which disseminates a student’s education records without his or her parent’s consent.

Students also have the right to a safe learning environment, which includes having reasonable mitigation strategies in place to guard against illness and infection. In accordance with our district operating procedures and SRCSP, all volunteers will be required to comply with all protocols set forth by the district while visiting a Rolla Public Schools Building. Review the SRCSP at rolla31.org prior to submitting your application.

- Each student with whom you work has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized school department employees, as designated by the administrators at your school. Even when discussing a student with those who are directly involved in a student’s education, such as a teacher, principal, or guidance counselor, you may not share otherwise confidential information with them unless they have a need to know the information in order to perform their professional responsibilities.
- You may not share information about a student even with others who are genuinely interested in the student’s welfare, such as social workers, scout leaders, clergy, or nurses/physicians. (A health or safety emergency where knowledge of the information is necessary to protect the health or safety of the student or others is the only exception.) Thus, you must refer all such questions to the school employees so authorized and indicated to you, typically the student’s teacher or principal.
- Parents, friends, or community members may in good faith ask you questions about a student’s problems or progress. Again, you must refer all such questions to the authorized school employees. You may not share information about a student even with members of you own family or the student’s family.

Agreement

I, (print name) _____, as a volunteer for Rolla Public Schools agree not to disclose information about a student’s records to anyone other than an authorized school department employee except for a health or safety emergency where knowledge of all information is necessary to protect the health or safety of the student or others. I will refer all requests for such information from those not directly involved in the student’s education to authorized school department employees. Under no circumstances and I to be alone, unsupervised with a student. I agree to comply with all safety related protocols set forth by the district as outlined in district planning documents and handbooks.

Signature _____

Date _____