

MOSHANNON VALLEY SCHOOL DISTRICT

VOLUNTEER DISCLOSURE STATEMENT

In accordance with Policy 916, all volunteers must have a disclosure sheet on file in the building where services are provided. Please complete the following information and return it to the building in which you are volunteering for the building administrator's signature.

Name: _____

Address: _____

Phone: _____ Email: _____

Description of what you will be doing as a volunteer:

Name(s) of employee(s) you will be working with:

Building Administrator Signature Date

As a school volunteer you may become aware of information about a student and his/her family which is confidential. This can include grades, performance, skill levels, and other information shared in the classroom. It is imperative that this information remains strictly in the classroom.

I agree that confidentiality of student information is critical and shall protect such information should I become aware of it.

Volunteer Signature Date

I have received and reviewed a copy of the Moshannon Valley School District Volunteer Policy. I understand the procedures and responsibilities as a volunteer, and I agree to abide by them.

Volunteer Signature Date