IJOC-E1 - Level 1 Volunteer Agreement Form

M.S.A.D. #35

Superintendent of Schools' Office

180 Depot Road, Eliot, ME 03903

I understand that as a volunteer in MSAD 35 that ALL student and staff information is confidential. I agree not to access, review, disclose or use confidential student or staff information without specific authorization from a school administrator. I also understand that even when I am no longer a volunteer in the schools, any confidential information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in my immediate termination as a volunteer and may result in legal action against me.

I understand that I must comply with all Board policies and school rules applicable to school staff as well as all directions from school administrators and staff while serving as a volunteer. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the Superintendent and school principal at any time if they determine it is in the best interests of the students of MSAD 35.

Printed Name: _____ Date: _____

Date of birth (required for volunteer background check): _____

Signature of Volunteer: _____

FOR DISTRICT USE ONLY - PLEASE DATE AND INITIAL APPROVALS BELOW

Sex Offender Registry checked by Principal or Athletic Director (initial/date):

_____

(Agreement Form Revised November 15, 2023)

Revision #5
Created 2022-03-17 17:58:49 UTC by Reilly Greenlaw
Updated 2024-12-04 18:18:33 UTC by Rebekah Williams