Thank you for sharing your time and talents volunteering in our schools. Your involvement and support in educating our students is greatly appreciated.

Standards for all individuals who volunteer within the school:

1. In order to maintain a safe and secure school environment, all volunteers are required to sign in at the school office, wear a visitor’s badge while in the school or on school grounds and sign out when leaving the building. (see Board Policy 903)

2. To protect the learning environment, volunteers are asked not to bring younger children with them, nor utilize any personal electronic equipment such as audio or video recording devices and cell phones.

3. Volunteers must respect and observe the privacy rights of students as provided under state and federal law. (see Board Policy 515)

4. To help insure the safety of students in our schools, all volunteers must pass a Minnesota Bureau of Criminal Apprehension background check. (Volunteers supervising an overnight experience must pass a more in-depth background check, the same as persons seeking employment with the District.)

To protect the data privacy rights of students and to assure our schools are a safe environment for students, all volunteers are required to sign a Confidentiality Acknowledgement and an Informed Consent granting permission for the District to conduct a criminal background check.

Confidentiality Acknowledgement

While in our schools, you may encounter or become aware of information about student grades, test scores or other information about specific students; overhear conversations between school staff regarding students; and observe student interactions, including behavioral incidents that may need to be addressed by school staff.

To protect the data privacy rights of students in compliance with state and federal laws, we ask that you sign this form indicating that any information you obtain related to any student will remain confidential.

______________________________
Printed Name

______________________________  _____________________  
Signature of Volunteer          Date
Informed Consent:
Volunteer Criminal Background Check

The following named individual wishes to share their time and talents volunteering in Northfield Public Schools.

Full Legal Name: ____________________________________________________________ (please print)  Last  First  Middle

Maiden, Previous, Alias: ____________________________________________________

Address: ______________________________________________________________________

_______________________________________________________________________
City       State    Zip

Date of Birth: ______/______/______     Email: ________________________________

Home Phone: ___________________________  Cell Phone: ___________________________

I have resided my entire life in the State of Minnesota: ____ Yes      ____ No
If no, please list the addresses (city, state, zip) of the places you have lived in the past seven years.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Program/Building you are volunteering for/in: _______________________________

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Northfield Independent School District No. 659 pursuant to Minn. Stat. §123.B.03 for the purpose of volunteering with this school district.

________________________________________  ________________________________
Signature of Volunteer      Date

For office use only:
Building : _______________________________
Bldg. Contact: __________________________

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