



School Volunteer Application and Confidentiality Agreement

Name (Last): _____ (First) _____ (M.I.) _____ Date of Birth: _____

Address: _____ Home Phone: _____

City/ State: _____ Zip Code: _____ Cell Phone: _____

Full names and grades of students: _____

Email Address: _____

Volunteer position(s): _____

If volunteering to drive: Year, Make & Model of Vehicle _____

Insurance Company's Name: _____

Liability Limits: **(Minimum Limits of \$100,000/\$300,000 Required)** _____

Driver's License Number: _____ State issued: _____

Have you ever been:

- 1. Discharged, not-renewed or banned from any volunteer organization? ___ Yes ___ No
- 2. Convicted of any misdemeanor or any felony? ___ Yes ___ No
- 3. Convicted of any offense that involves drugs or alcohol? ___ Yes ___ No
- 4. Presently charged with a crime that is currently pending or not yet adjudicated? ___ Yes ___ No

If the answer to any of the above is "yes", please explain:

I, the undersigned, certify that the foregoing is true and correct. I understand that I am offering to volunteer with St. Ann Catholic School (SACS) and that SACS may in, its sole discretion, decline my offer of volunteer services. I understand that I must take a "VIRTUS" class through the Catholic Diocese of Memphis. In the event my volunteer services require a background check under SACS procedures, I understand that I may not engage in volunteer activities before I submit to a criminal background check and receive approval from SACS staff. Further, if I am accepted as a volunteer, I agree to the following:

- 1. I am volunteering without promise, expectation, or receipt of compensation for my services;
- 2. I will not in any way access, use, divulge, copy, release, distribute, review, alter, or destroy any confidential information except as properly and clearly authorized within the scope of my volunteer work. I agree to abide by all applicable SACS policies and procedures and with all applicable laws. I will report to SACS Principal or the Principal's supervisor any individual's or entity's activities that I suspect may compromise the confidentiality of student information.
- 3. I am under the supervision of the school Principal or the Principal's designee.
- 4. I will immediately notify the SACS Principal upon being charged with any crime.
- 5. Any fraudulent application, violation of confidentiality or any violation of the above provisions may result in termination of my status as a SACS volunteer.
- 6. If I am volunteering to drive, I am of 21 years age or older, possess a valid driver's license, have the proper and current vehicle registration, and have the required insurance coverage in effect on any vehicle.

Volunteer Signature: _____

Date: _____

Principal /Staff Signature: _____

Date: _____

Office Staff Only: (check 1) **Category 1** _____ **Category 2** _____ **Category 3** _____

The following is required for each category:

- 1. **Virtus Class**
- 2. **Virtus class and driving check**
- 3. **Virtus class, driving check, and background check**

Please attach copy of driver's license to this form.