

## VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that ALL student information to which I have access as a school volunteer is confidential. Such information might include health information in written, oral or electronic form. I agree not to discuss any confidential information, including but not limited to any descriptions of situations as well as names of students. I also understand that even when I am no longer a volunteer for this school system the confidential information I have learned as a volunteer must continue to be confidential.

I understand that any breach of the confidentiality of student information will result in my immediate termination as a volunteer in the Spotsylvania County School system and that I may be subject to civil liability in some cases.

### SPOTSYLVANIA SCHOOL BOARD POLICY IICC

*"The board recognizes the value of volunteer participation in local school programs by parents and members of the community. A volunteer is defined as a nonpaid person functioning under the sponsorship of the school board and the approval of the school administrator. Volunteers shall work within the guidelines established by the school administrator and under the direct supervision of teachers or other members of the school staff designated by the school administrator. Volunteers shall treat school information to which they have access with strict confidentiality, and at no time will volunteers have access to student cumulative records.*

*Principals shall take appropriate measures to determine the identity and background of any person before allowing that person to serve as a volunteer for the school."*

My signature indicates that I promise to share confidential student health and other information only with authorized school professionals. My signature on this form indicates that I understand and agree to comply with the conditions stated in the Spotsylvania School Board policy provided to me on this form. I understand that I may be required to submit to a criminal background investigation.

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Designee's Signature

\_\_\_\_\_  
Date