



Education Center
3811 North 44th Street
Phoenix, Arizona 85018-5420

Telephone: 480-484-6177
FAX: 480-484-6287
Web site: www.susd.org

VOLUNTEER AND/OR PARENT CHAPERONE APPLICATION

PARENT VOLUNTEER COMMUNITY VOLUNTEER CHAPERONE (CHECK ONE)

Specify School _____

Last Name First Name Middle Initial

Address City State Zip Code

E-mail Address Message Phone

Have you previously been employed by Scottsdale Schools? Yes _____ No _____
If so, indicate dates, location and position _____

Have you previously volunteered for Scottsdale Schools? Yes _____ No _____
If so, indicate dates, location and position _____

Volunteers Only:
Organization/Program Sponsor _____
Area(s) of Interest: _____

PLEASE READ CAREFULLY AND SIGN BELOW

(You must read and sign this section in order to serve as a volunteer and/or parent chaperone)

I certify that the information presented in this application is true, accurate and complete. I authorize the investigation of all statements contained in this application. I understand that misrepresentation, falsification or omission of pertinent facts will cause forfeiture on my part of all eligibility to serve as a volunteer and/or parent chaperone.

Signature _____ Date _____

Because of the tremendous responsibility Scottsdale Unified School District has to its school children and community, the following information is needed from all applications regarding convictions.* A record of conviction does not prohibit volunteer and/or parent chaperone status. However, failure to complete this form accurately may mean disqualification from consideration for volunteer and/or parent chaperone status. Carefully read and answer the following question.

Have you ever been convicted* of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer "Yes" even if the matter was later dismissed, deferred, vacated or expunged. If you answer "Yes" you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).

*Conviction means the final judgment on a verdict or finding of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment which has been expunged by pardon, reversed, set aside or otherwise rendered invalid.

§ ARS 13.604.01 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined as second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, commercial exploitation of a minor, sexual exploitation of a minor, child abuse, kidnapping and sexual abuse.

If any of the questions above are answered "Yes" please fill in the information below.

CONVICTION INFORMATION:

Dates: _____ Name of Court _____

City/State _____

Charge: _____

Disposition: _____



**SCOTTSDALE UNIFIED SCHOOL DISTRICT
VOLUNTEER EMPLOYEES
CONFIDENTIALITY AGREEMENT**

Thank you for volunteering your time to help our District! Like teachers and other District staff, you are also obligated to comply with the requirements of the Family Educational Rights and Privacy Act (FERPA) which mandates that student information be kept confidential.

If your position requires the use of or access to any student information (e.g. medical information, school files, grades, pictures, conversations with the student, etc.) in order to carry out your duties, you are NOT to disclose the information without prior parent/guardian consent and prior approval by the school administration. Exceptions may be made by the school principal for school officials with a legitimate reason to access the information, and in health and safety emergencies. If you feel that the student has been the victim of physical or sexual abuse or physical neglect (by anyone, including other students), please follow the appropriate child abuse reporting guidelines. If you have any questions concerning those guidelines, please contact a school administrator.

By signing below, you are verifying that you will maintain the confidentiality of student records and information and that you have reviewed the District's training concerning the Family Educational Rights and Privacy Act.

(Signature)

(Print Name)

(Date)