

**CAMPBELL COUNTY SCHOOLS  
VOLUNTEER APPLICATION**

101 Orchard Lane Alexandria KY 41001 859-635-2173



**PLEASE PRINT CLEARLY**

SOCIAL SECURITY # \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ EXPIRES \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

FULL LEGAL NAME \_\_\_\_\_

MAIDEN NAME (S) AND/OR ALIAS \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**PLEASE READ THE FOLLOWING VOLUNTEER GUIDELINES AND SIGN BELOW**

1. I will conduct myself in a friendly, courteous manner and not show partiality toward any student.
2. I will remain neutral in my speech and actions with respect to religion and politics when I am engaged in volunteer activities with students.
3. I will not discuss with others at any time, the content of a child's educational records nor will I disclose student educational records, personally identifiable student information in such records, or other information regarding any student that may be considered confidential.
4. As a volunteer, I understand and agree that I am not authorized to provide information regarding student records or to take student educational records off campus.
5. I must report any breach or suspected breach in the confidentiality of student education records immediately upon my discovery thereof to the Site Supervisor/Director or Principal/designee. I understand and agree that my failure to maintain the confidentiality of student educational records and personally identifiable information may disqualify me from further service as a volunteer in the District.
6. I understand and agree that as a District Volunteer, I will be subject to the direction and control of the Site Supervisor/Director or Principal of the school, or their designees.
7. I understand Universal Emergency Procedures are available in each Campbell County School for volunteers to review. I will observe site-specific instructions for various safety and emergency procedures that are posted within each school building. I will contact the supervising teachers, front office, or principal with questions about safety and emergency procedures.
8. I will review volunteer policies and procedures found on the district website: (1) Parent/Family Engagement 10.31 (2) Volunteer 03.6 (3) Volunteer Procedures 03.6 AP.1 (4) Safety 05.4 (5) Student Records 09.14 (6) Family Education Rights and Privacy Act Definitions 09.14 AP.1 (7) Bullying/ Hazing 09.422 (8) Incident Report 10.21 AP.21 (9) Visitors to the Schools 10.5(10) Visitors to the Schools 10.5 AP.1

I have read the above agreements and understand and agree to abide by these terms.

\_\_\_\_\_  
Volunteer – Print Name

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**SCHOOL OFFICE USE ONLY**

Driver's License Verified by \_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_  
*CCS Employee School Name Date*