



**2019 - 2020**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell: \_\_\_\_\_

I understand that the work I do is of great benefit and service to the staff and students of Yellow Springs Elementary School. As part of my volunteerism, I may see, hear, or be in the vicinity of information regarding students or staff.

I agree that I will preserve confidentiality for all information seen or heard, during the course of my volunteer hours, and uphold our principal of integrity at Yellow Springs Elementary School.

- I will report to the school Principal individual's or entity's activities that I suspect may compromise the confidentiality of student information
- I am under the supervision of the school Principal or the Principal's designee
- I understand that volunteering in YSES is a privilege and not a right
- Any fraudulent information or violation of confidentiality may result in termination of my status as a YSES volunteer

I also agree, by signing this form, that I have viewed and understand all of the Volunteer Presentation information that is available

Signature: \_\_\_\_\_

Date: \_\_\_\_\_