



**Shaker
Heights
Schools**

SHAKER HEIGHTS ADULT VOLUNTEER WAIVER FORM

EMAIL: _____ CELL: _____

I, (your name) _____ as a volunteer or member of
(indicate group name if applicable) _____ have offered my services as a volunteer
at (school name) _____. I agree to abide by all relevant Board policies and
administrative guidelines while on duty for the District (including, but not limited to, the volunteer's obligation to
keep confidential and not release or permit access to any and all student personally identifiable information to
which she/he is exposed except as authorized by law).

I understand that, although I am covered under the District's liability insurance policy, I am not covered by its
health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident
while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and
medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or
entitled to any benefits provided to employees. I further release the Board of Education from any and all liability
for any damages, whatever their nature, which may result as a consequence of my volunteer services.

All volunteers need to display appropriate behavior at all times. All volunteers who work or apply to work with
students will be required to provide a set of fingerprints so that a criminal records check can be conducted.

STATEMENT OF DUTY TO MAINTAIN CONFIDENTIALITY OF STUDENT RECORDS AND INFORMATION.

The District is committed to maintaining the security and confidentiality of all student records and/or student
personally identifiable information. As an approved volunteer in the District, you may have access to student
records and/or student personally identifiable information that must be maintained as confidential and not
released and/or permitted access except as authorized by Board policy and law. Violations of this duty may
result in a reassignment and/or restriction of your volunteer responsibilities by the building principal or
designee.

Volunteers must comply with the following: All student records are considered confidential. Directory
information including the student's name, address, telephone number, date and place of birth, major field of
study, participation in officially-recognized activities and sports, weight and height of members of athletic
teams, dates of attendance, degrees and awards received and previous educational agencies or institutions
attended, can only be shared with administrative approval. Copies of records may only be shared with
administrative approval. Volunteers may not discuss or repeat information overheard while in the staff lounge,
classrooms, offices, school grounds, hallways, school or extracurricular activities. Volunteers may not discuss
information obtained while in a classroom, such as a student's grade or behavior, with anyone other than the
student's teacher or the building principal. Concerns or questions regarding student records or issues of
confidentiality should be brought to the attention of the staff member responsible for supervising your activities
and/or the building principal. Any knowledge of a violation of these provisions must be immediately reported to
the staff member responsible for supervising your activities and/or the building principal.

By signing below you acknowledge that you have read and understood, and agree to comply with the terms and conditions set forth above.

Adult Volunteer Signature

District Witness Signature

Date

AFTER COMPLETION PLEASE RETURN THIS FORM TO YOUR SCHOOL OFFICE OR IF YOU ARE A COMMUNITY VOLUNTEER RETURN TO THE FACE DEPARTMENT AT:

Shaker Heights City School District
Family and Community Engagement
Shaker Schools Welcome Center, 2nd Floor
16500 Van Aken Boulevard
Shaker Heights, OH 44120
Phone: (216) 295-6268
Email: volunteer_face@shaker.org

For Office Use Only

Building(s) Assigned: _____