

DENVER PUBLIC SCHOOLS

Volunteer Application



This form may be completed and saved on your computer. Once completed, the final document must be printed and signed before sending to the Office of Volunteer Services.

Last Name:		First:	M.I.:	Date: / /		
Street Address:			Apartment/Unit # :			
City:		State:	ZIP:			
Primary Phone:		E-mail Address:				
Source of Referral:						
Please check all areas of interest to you:	<input type="checkbox"/> Teacher Assistant	<input type="checkbox"/> Foreign Language Tutoring	<input type="checkbox"/> Reading	<input type="checkbox"/> Math	<input type="checkbox"/> Library	<input type="checkbox"/> Clerical
	<input type="checkbox"/> Other (please explain):					
Check grade level preference.		K-2 <input type="checkbox"/>	3-6 <input type="checkbox"/>	Middle <input type="checkbox"/>	High <input type="checkbox"/>	
Please indicate the DAYS AND TIMEFRAMES you may be available to volunteer:			Morning	Afternoon	Evening	
		MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> I <u>have</u> a volunteer assignment. School and/or program coordinator where assigned:						
<input type="checkbox"/> PLEASE CONTACT ME - I <u>need</u> a volunteer assignment. School(s) or area to which I would like to be assigned:						

Volunteer Confidentiality Agreement/Acknowledgment

Both while they are engaged with Denver Public Schools and afterwards, **volunteers**, interns, or any other duly authorized individual providing services to Denver Public Schools (**hereinafter "employees"**), must preserve the confidentiality of all Denver Public Schools employee and student records, and other proprietary and confidential information, and may not use any of this information to benefit himself or herself or any entity, business, or person other than Denver Public Schools.

Accordingly, I agree and acknowledge that I will preserve the confidentiality of all proprietary and confidential information belonging to Denver Public Schools or its employees and students, including but not limited to employee personnel files or student records, both while I am providing services to Denver Public Schools and afterwards, and I will not take or misuse any confidential information at any time.

I further acknowledge and agree to comply with all applicable Denver Public Schools policies in connection with performance of my volunteer services, including but not limited to Board Policies GBJ ("Personal Records and Files") and JRA/JRC ("Student Records/Release of Information on Students").

I also agree and acknowledge that, on Denver Public Schools' request or on termination of my services, I will promptly return to Denver Public Schools all its property, specifically including all documents, disks or other computer media or other materials in my possession or under my control that contain ideas, processes, concepts or other proprietary or confidential information belonging to Denver Public Schools or its employees or students.

Date / /	Signature
Date / /	Witness

To Be Completed By School Official

Interviewed by:	School/Organization:	Date: / /
Approved: (Principal)	Teacher:	

RETURN TO:

Office of Volunteer Services
 1350 E. 33rd Avenue Denver, CO 80205-3924
 720-424-8245 • FAX - 720-424-8266 • Volunteer_Services@dpsk12.org