



## Denver Public Schools VOLUNTEER APPLICATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Primary telephone # \_\_\_\_\_ Secondary phone # \_\_\_\_\_

Source of Referral \_\_\_\_\_

Check type of volunteer service interested in:

<input type="checkbox"/> Teacher Assistance	<input type="checkbox"/> Health	<input type="checkbox"/> Foreign Tutoring	<input type="checkbox"/> Reading
<input type="checkbox"/> Small-group Supervision	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Math
<input type="checkbox"/> Enrichment	<input type="checkbox"/> Library	<input type="checkbox"/> Clerical	<input type="checkbox"/> Other

Check grade level which interests you: K-2 \_\_\_\_\_ 3-6 \_\_\_\_\_ Middle \_\_\_\_\_ Senior High \_\_\_\_\_

Check days and hours you can serve:

	Morning	Afternoon	Evening
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

School or area to which you 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 anytime.

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

\_\_\_\_\_  
VOLUNTEER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

-----To Be Completed By School Official-----

Interviewed by: \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

School assigned to: \_\_\_\_\_ Date of assignment \_\_\_\_\_

Approved: Principal \_\_\_\_\_ Teacher \_\_\_\_\_

Office of Volunteer Services

1350 E. 33rd Ave.

Denver, CO 80205-3924

720-424-8245 Fax - 720-424-8266

Volunteer\_Services@dpsk12.org