



EVERY STUDENT.  
EVERY DAY.

### Application for AUTHORIZED VOLUNTEER status

- Volunteers shall be required to apply for voluntary services and the appropriate school principal or supervisor must approve such services.
- **The completed application must be submitted in person to the school you are applying to volunteer.**
- All authorized volunteers serving in the district will be subject to a background check before the commencement of their service.
- **A copy of your photographic identification is required to process the application.**
- Authorized volunteers are defined as those that work without pay on an occasional or regular basis at school sites or other district facilities while engaged in activities that are part of the school program and are performed during the day or as an extension of the school day.
- School personnel direct all volunteer work.
- For onsite volunteering, you must sign in at the front office of the building in which you are assisting and obtain volunteer identification for the day.

**NOTE:** Volunteers may not have their children accompany them during volunteer activities.

School Name(s): \_\_\_\_\_

Volunteer's Information (please print clearly):

Print Name: (first, middle initial, last) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List name of child, relationship and/or reason for Volunteer Application (be specific): \_\_\_\_\_

Activities that interest me:

- Assist in supervising students, other than my own, on a day field trip.
- Volunteer to work with students in the school.
- Volunteer to assist with clerical work, office, grading papers, sports record keeping.
- Other activities: please explain: \_\_\_\_\_

**Please review this application carefully.  
Allow 10 days to process volunteer application.**

## Confidentiality Guidelines

The Family Educational Rights and Privacy Act (FERPA) gives certain rights to parents with respect to their student's educational and health records. Generally, schools must have written permission from the parents to release any information from a student's educational or health record. These records and the information they contain may only be shared with school officials who have a legitimate education or health interest.

Together, these two federal laws give guidance on how to handle student information and the Montezuma-Cortez School District RE-1 requires compliance with these laws. Information contained in a student school and health records or information about a student's health or school performance must be maintained by district employees in a confidential manner at subject to criminal and civil penalties.

District volunteers must avoid sharing any confidential information about students except to those authorized by the district to have a direct need to know (health service providers, principals and administrators, special education teachers, district registered nurses, special services providers). Protected information includes student grades or performance on school tasks, medications, health status or history of disease, frequency of doctor's appointments, history of retention, disciplinary history, and eligibility for special education services.

The district's interest in protecting confidential information also extends to its staff members. Examples of protected information about staff members include disciplinary records, evaluation results, health information and complaints. The Health Insurance Portability and Accountability Act (HIPPA) assures that the individual's health information is properly protected while allowing the flow of health information needed to provide high quality health care. HIPPA provides standards for the privacy of individually identifiable health information of students and staff.

In public schools, individually identifiable health information relates to the student's past, present or future physical or mental health or condition, the provision of health care to the student or the past, present, or future payment for the provision of health care to the student. This includes identifiers such as names of the student's relatives, household members, residence address, grade level or physical characteristics. I hereby certify that I have received, reviewed, and understand these Confidentiality Guidelines and will adhere to these responsibilities.

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Volunteer Name (Please Print)

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Volunteer Signature Date

AUTHORIZED VOLUNTEER OATH AND CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK

I, \_\_\_\_\_, am applying to provide services for the Montezuma-Cortez School District RE-1. I have been advised that the information provided will be used by the school district to conduct a criminal history/background check. I do hereby consent to the use of any and all information provided in this application form to be used in the criminal history/background check.

The following are my responses to the questions about my criminal history (if any):

1. Have you ever been convicted of a felony? YES NO

If yes, please provide details below.

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Date of Offense: \_\_\_\_\_

Details of Conviction: \_\_\_\_\_

2. Have you ever been convicted of a violation of law, other than a misdemeanor traffic violation? YES NO

If yes, please provide details below.

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Date of Offense: \_\_\_\_\_

Details of Conviction: \_\_\_\_\_

3. Have you ever been convicted of a sex or drug related offense? YES NO

If yes, please provide details below.

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Date of Offense: \_\_\_\_\_

Details of Conviction: \_\_\_\_\_

4. This is a multi-part question. Have you ever received a deferred sentence? Has any court ever received a plea of guilty or a plea of nolo contendere from you? Have you ever been placed on probation? If you can answer "yes" to any part of this question, please explain in detail below. YES NO

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Date of Offense: \_\_\_\_\_

Details of Conviction: \_\_\_\_\_

5. Have you ever had a charge of child abuse against you substantiated? YES NO

If yes, please provide details below.

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Date of Offense: \_\_\_\_\_

Details of Conviction: \_\_\_\_\_

6. As of the date of this consent form, do you have any pending charges against you? YES NO

If yes, please provide details below.

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Date of Offense: \_\_\_\_\_

Details of Conviction: \_\_\_\_\_

The following information must be provided for volunteering. It will be used to complete the online background check.

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Maiden name or other names used in any other records of birth, residence, or employment:

\_\_\_\_\_

Please list all cities, counties, states, and countries of residence for the past seven (7) years.

CITY/TOWN STATE COUNTRY ZIP CODE COUNTY DATES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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MONTEZUMA-CORTEZ RE-1 WITNESSED OATH

Must be completed at the school and witnessed by the designated Principal Designee.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION AND CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT, OR INCOMPLETE, I UNDERSTAND THAT ANY OMISSION OR INACCURATE INFORMATION PROVIDED FOR THIS RECORD CHECK MAY RESULT IN DENIAL OF THIS AUTHORIZED VOLUNTEER APPLICATION.

Signed this(date) \_\_\_\_\_ day of (month) \_\_\_\_\_, 20 \_\_\_\_\_

APPLICANT (PRINT NAME) \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

PRINCIPAL DESIGNEE WITNESS OF OATH: \_\_\_\_\_

Photo I.D. attached- must be a state or federal issued I.D.

\_\_\_\_\_  
Principal Signature of Approval

\_\_\_\_\_  
Date

.....  
Approval by Human Resources: \_\_\_\_\_

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

Background Check Completed On: \_\_\_\_\_

## VOLUNTEER REQUIREMENTS

1. Complete the volunteer application and submit it to the school principal for approval.
2. Provide a copy of your driver's license to accompany the application.
3. Upon completing the application use the following instructions to set up and complete your fingerprinting.

## FINGERPRINTING INSTRUCTIONS

Create an account and set up a fingerprinting appointment.

**Locations:** There are currently locations in Durango, Dove Creek, or Dolores.

**Site:** <http://www.coloradofingerprinting.com/cabs/>

**Computer/Internet Access:** If you do not have access to a computer with internet you may schedule an appointment by calling 720-292-2722.

**Payment:** Coloradofingerprinting.com accepts debit/credit cards as well as automatic drafts from checking and savings accounts. (You will need \$10.00 to apply, NO CASH accepted.)

**Appointment Confirmation:** You must provide Human Resources with your email confirmation that you have made your appointment within 3 business days of volunteer form completion.

**Sent confirmation to:** chrvin@cortez.k12.co.us or by bringing it to the Human Resources office at 400 N Elm St. Cortez, CO 81321

**\*\*You will be asked for a code based upon the certification requirements of your position.**

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Use the following information ONLY IF YOU ARE SUPPORT STAFF (Custodians, Maintenance, Food Service, Secretaries, Volunteers, Coaches etc.)

### NON-CERTIFIED POSTIONS

Billing Code: 1384MCNON

CBI unique code: 1384ETNI

Reason Fingerprinted: CO/Licensure/Employment CABS

Reason for CO Licensure/Employment CABS: ED—Non-Licensed SCH District 22-32-109-8

You are responsible for a \$10 registration fee. The district will pay the \$44.50 print processing fee.

Do NOT select fingerprint card for \$20

Adopted 4/04/23 – Page 5 of 5

# NONDISCRIMINATION CLAUSE



Montezuma-Cortez School District RE-1 does not discriminate against any protected classes as identified by the State of Colorado. A lack of English speaking skills will not be a barrier to participation or admission. The following staff have been designated to handle inquiries regarding our nondiscrimination policies:

**Title IX Coordinator and Compliance Officer** (*Title II/ADA, Title VI*)

Cynthia Eldredge, Executive Director of Human Resources  
400 North Elm Street, Cortez, CO 81321 970-565-7522 ext. 1135  
[titleIXcoordinator@cortez.k12.co.us](mailto:titleIXcoordinator@cortez.k12.co.us)

**504 Compliance Officer** (*Section 504*)

Lisa Megel, Executive Director of Exceptional Student Services  
400 North Elm Street, Cortez, CO 81321 970-565-7522 ext. 1118  
[504complianceofficer@cortez.k12.co.us](mailto:504complianceofficer@cortez.k12.co.us)

M-CSD RE-1 School Governance Policies can be found on our website at:

[www.cortez.k12.co.us/our-district/board-of-education/policies](http://www.cortez.k12.co.us/our-district/board-of-education/policies)

## CLÁUSULA DE NO DISCRIMINACIÓN

El Distrito Escolar Montezuma-Cortez RE-1 no discrimina contra ninguna clase protegida identificada por el Estado de Colorado. La falta de habilidades para hablar inglés no será una barrera para la participación o la admisión. El siguiente personal ha sido designado para atender consultas sobre nuestras políticas de no discriminación:

**Coordinador del Título IX Oficial de Cumplimiento** (Título II/ADA, Título VI)

Cynthia Eldredge, Directora Ejecutiva de Recursos Humanos  
400 Calle Elm Norte, Cortez, CO 81321 970-565-7522 extensión 1135  
[titleIXcoordinator@cortez.k12.co.us](mailto:titleIXcoordinator@cortez.k12.co.us)

**504 Oficial de Cumplimiento** (Sección 504)

Lisa Megel, Director Ejecutivo de Servicios para Estudiantes Excepcionales  
400 Calle Elm Norte, Cortez, CO 81321 970-565-7522 extensión 1118  
[504complianceofficer@cortez.k12.co.us](mailto:504complianceofficer@cortez.k12.co.us)

Las políticas de gobierno escolar de M-CSD RE-1 se pueden encontrar en nuestro sitio web en:

[www.cortez.k12.co.us/our-district/board-of-education/policies](http://www.cortez.k12.co.us/our-district/board-of-education/policies)

11.28.23 DKR

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Referenced Policies: AC, AC-E-1, AC-R (Option 1), AC-R-2\*, JB, JBA, JBA-E, JBB\*, JII-R

*NOTE: Federal law requires districts to provide continuing notification of non-discrimination statements and the Title IX coordinator's contact information. This information must be published in student, parent, and employee handbooks, course catalogs, program/employee application forms, and recruitment materials. 34 C.F.R. § 106.8.*