

Parent/Volunteer Program

BEFORE VOLUNTEERING:

All who volunteer/mentor on school campus during operating hours or at any school-sponsored function when interacting with school personnel and children other than their own must:

1. Complete required consent to run background check.
2. Sign Agreement forms.
3. Have volunteer registration approved by Administration.

WHO NEEDS TO REGISTER?

Anyone volunteering in any capacity:

- PTO officers,
- after school activities, i.e.: music, athletics, chess club, yoga,
- chaperones (on campus & field trips)

WHO IS EXEMPT?

The following are exempt and do not have to apply:

- *current Federal/State employees,
- *active armed service personnel,
- *active certified peace officers,
- guest speakers,
- having lunch with "own" child(ren),
- attendance at after school PTO meeting/events,

*Those individuals with an exemption should submit the Exemption Form with valid photo ID to the Parent Involvement Coordinator.

Volunteers WILL NOT be able to volunteer/mentor until the volunteer process is complete and approved by Administration.

For questions or concerns, please contact:

Parent Involvement Coordinator:

Ada Flores

PH: 361-852-0707

Email: ada@cc-montessori.org

DPS Computerized Criminal History (CCH) Verification
Corpus Christi Montessori School

I, (Printed Name) _____, acknowledge that a Computerized Criminal History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for CCMS to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name based criminal history checks are not always exact. I understand that only fingerprint record searches represent true identification to criminal history. If the name search provides a criminal report that I know could not be mine, then I understand I can submit to have a fingerprint search performed to clear any misidentification based on the name search.

I understand that I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from Corpus Christi Montessori School, to make an online appointment, submit a full and complete set of my fingerprints, and pay a fee (if applicable) to the fingerprinting services company. I may request help with making the appointment from Corpus Christi Montessori School.

Once this process is completed and CCMS has received the data from DPS, the information on my fingerprint criminal history record may be discussed with me. CCMS is not allowed to discuss any information obtained from the background check process with anyone other than the said individual.

This copy must remain on file with Corpus Christi Montessori School.
Required for future DPS Audits.

Signature of Applicant or Employee

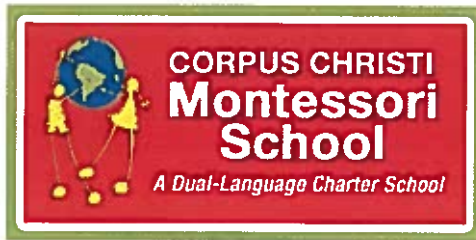
Date

CCMS Representative Name

CCMS Representative Signature

Date

Please Check and Initial each Applicable Space		
CCH report printed:		
Yes _____	No _____	Initial _____
Purpose of CCH _____		
Empl _____	Vol/Contractor _____	Initial _____
Date Printed _____		Initial _____
Date Destroyed _____		Initial _____



AGREEMENT

CONFIDENTIALITY

WHEREAS, the Corpus Christi Montessori School provides educational services to students, the school recognizes that student confidential information and confidential personnel information is created and maintained by the school.

WHEREAS, the Corpus Christi Montessori School is committed to maintaining the confidentiality of student records/information as protected by the Family Educational Rights and Privacy Act, all volunteers who have access to confidential student records/information must uphold the student's privacy rights.

THEREFORE, this agreement between the Corpus Christi Montessori School and the volunteer whose signature appears below agree that the volunteer shall not reveal confidential student or confidential personnel information unless authorized. Any unauthorized disclosure of confidential student or personnel information may result in discipline action from Corpus Christi Montessori School.

EQUAL OPPORTUNITY

I agree not to discriminate against any individual on the basis of race, ethnicity, religion, age, sex or disability.

INDEMNIFICATION

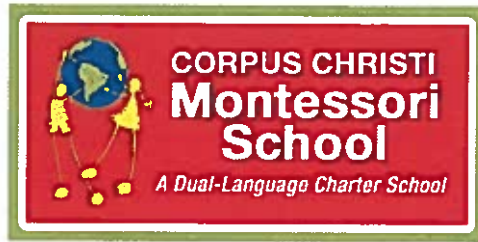
To the extent permitted by law, I agree to indemnify, defend, and hold harmless Corpus Christi Montessori School and its administrators, Board members, staff, agents, and employees against any and all claims for damages, personal injury, or death proximately caused by any acts or omissions in the performance of my services to Corpus Christi Montessori School on property.

I understand communication between students and I may be monitored at anytime by appropriate staff members. I also understand a confidential criminal background check will be processed on volunteers working directly with students. All information will be held in strict confidence.

Signature: _____

Printed Name: _____

Date: _____



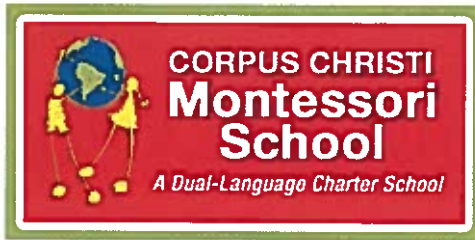
VOLUNTEER DRIVER AGREEMENT

As a volunteer driver for Corpus Christi Montessori School, I agree to:

- Follow the caravan at all times.
- Not make any additional stops that have not been determined by the designated teacher in charge.
- At approved stops, will be responsible for all assigned students **at all times** – must stay together.
- All designated stops will be for **all** drivers and will depart together as a group.
- Once we arrive at our destination, I will continue to be responsible to chaperone all assigned students.
- Must stay with group at all times during all activities unless otherwise specified.

Volunteer Driver Signature

Date



ADULT EMERGENCY CARD

In an emergency which involves incapacity of ADULT DRIVER:

ADULT DRIVER'S NAME

Please contact the following people in the order below:

NAME (PRINT CLEARLY) _____
PHONE _____
ALT PHONE _____
RELATIONSHIP

NAME (PRINT CLEARLY) _____
PHONE _____
ALT PHONE _____
RELATIONSHIP

In the event that I cannot make my own arrangements for immediate emergency medical attention, I authorize CORPUS CHRISTI MONTESSORI SCHOOL (CCMS), a qualified staff member or chaperon to take me, to the licensed physician name below, or to the nearest minor emergency clinic or hospital. I hereby give my consent for any and all necessary treatment for me when I am on duty or volunteering at CCMS.

Name of Doctor _____
Phone Number _____
Address

Signature _____
Date