BOCES VOLUNTEER INFORMATION SHEET

This application is for involvement in the BOCES Special Education Program

Name:___________________________________________________________________________

Date:________________________ College Attended:_____________________________________

Experience Requested:

(Be specific. Statement must specify legitimate educational or other interest that the person has in requesting this participation and the time span for this involvement.)

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Statement by College Supervisory Staff Members:

To the best of my professional knowledge, the individual named above is prepared for the experience described above and is capable of respecting the confidentiality of the student. It is my understanding that no information obtained in the process of the above activity regarding children may be released to a third party (myself included) without specific parental authorization.

________________________________________________     __________________________
Signature         Date

Position/Title of Above Named Person

Student and Volunteer Agreement to Confidentiality:

It is my understanding that no information gained by myself in the course of involvement with the individual children may be released to a third party without specific parent authorization and that any appropriate classroom discussion outside the St. Lawrence-Lewis BOCES be done in such a fashion that the individual child’s identity is in no way discernible.

_______________________________________________     __________________________
Signature         Date

Name of Professional BOCES Staff Person Providing Supervision For the Student or Volunteer:

Name of Staff Person With Whom You Will Be Working

Dates and Times I will Be Working:

☐ Teacher Copy ☐ Supervisor Copy ☐ Student/Volunteer Copy