ROCKY RIVER CITY SCHOOL DISTRICT BOARD OF EDUCATION
VOLUNTEER PARTICIPATION, CONFIDENTIALITY AND RELEASE FORM

Volunteer Services Description
I have offered my services as a volunteer to assist the Rocky River City School District Board of Education ("District") in the following activities:

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Volunteer Relationship
I understand and agree that I am volunteering for the District of my own free will. I represent that I am qualified to perform the volunteer services I have offered to provide and that I am physically able to do so.

I understand that, as a volunteer, I am not an employee, agent, or contractor of the District and am not entitled to compensation or payment of any kind for volunteer services. I further understand that I am not eligible for employee benefits, including but not limited to health insurance, workers' compensation coverage, unemployment compensation, retirement benefits, or any other benefit provided to District employees.

Appropriate Conduct and Compliance with District Policies
I agree to comply with all applicable Board policies, administrative guidelines, building rules, and directions of District staff while performing volunteer services. I understand that I must display appropriate conduct at all times and that the District may limit, suspend, reassign, or terminate my volunteer activities at any time in its discretion.

I further understand that I may not accept compensation or anything of value from any third party, including but not limited to booster organizations, parent organizations, or other support organizations, in exchange for the performance of volunteer services for the District unless expressly authorized in writing by the District.

Background Check
I understand that, in accordance with applicable law, including R.C. 109.575, volunteers who work or seek to work unsupervised with children on a regular basis may be required to provide fingerprints so that a criminal records check can be conducted. I understand that any such criminal records check may be required as a condition of initial or continued volunteer service.

If a criminal records check indicates that I have been convicted of or pleaded guilty to any offense described in R.C. 109.572(A)(1), I understand that the District may take action in accordance with applicable law and Board policy, including but not limited to Policy 8120. I understand that criminal records check information will be maintained as confidential to the extent required by law.

Confidentiality of Student Records and Information
I understand that, in the course of my volunteer activities, I may have access to student records, student personally identifiable information, or other confidential student information protected by law and Board policy. I acknowledge that all such information is confidential and may not be disclosed, discussed, copied, released, or otherwise shared except as authorized by law and expressly approved by the District.

Without limiting the foregoing, I agree to the following:

1. Student records and personally identifiable student information are confidential.
2. Directory information may only be shared with administrative approval and only as permitted by law and District policy.
3. Records or information may not be left in a place where they can be viewed by others.
4. Copies of records may only be made or shared with administrative approval.

5. I may not discuss, repeat, or disseminate information overheard or learned while volunteering in classrooms, offices, hallways, staff areas, school grounds, or at school-sponsored or extracurricular activities.
6. I may not discuss a student's grades, behavior, disability, services, discipline, family matters, or other student-specific information with anyone other than the appropriate District employee(s) authorized to receive that information.
7. Any questions regarding student records, confidentiality, or the handling of information must be directed to the staff member responsible for supervising my volunteer activities or to the building principal.
8. Any knowledge of a violation of these confidentiality requirements must be immediately reported to the staff member responsible for supervising my volunteer activities or to the building principal.

I understand that any violation of these confidentiality obligations may result in restriction, reassignment, suspension, or termination of my volunteer activities and may subject me to other consequences permitted by law.

Insurance and Medical Expenses
I understand that, while performing volunteer services, I may be covered under the District's commercial general liability insurance policy to the extent provided by that policy and applicable law. I understand, however, that I am not covered by the District's health insurance, workers' compensation coverage, or other employee insurance or benefit plans.

I understand and agree that, if I become ill or suffer an accident or injury while performing volunteer services, I will be responsible for my own hospital, medical, and related expenses except to the extent that liability is imposed on the District by law.

Acknowledgement of District Responsibility as Provided by Law
I understand that the District and its employees may be legally responsible for acts or omissions only to the extent provided by applicable law and available insurance coverage. Nothing in this form is intended to expand the legal responsibility of the District beyond that provided by law.

Release, Waiver, Hold Harmless, and Covenant Not to Sue
To the fullest extent permitted by law, and except to the extent caused by the willful or negligent act or omission of the District or its employees where liability is imposed by law, I, on behalf of myself and my spouse, children, heirs, estate, representatives, and next of kin, voluntarily release, waive, discharge, and hold harmless the District, its Board members, officers, administrators, employees, agents, representatives, and insurers from and against any and all claims, demands, losses, expenses, damages, costs, or causes of action of any nature arising out of or relating to my volunteer activities, including but not limited to claims for bodily injury, personal injury, illness, property damage, medical expenses, lost wages, pain and suffering, attorney fees, and consequential damages.

I further covenant not to sue the District, its Board members, officers, administrators, employees, agents, representatives, and insurers for any such claim to the fullest extent permitted by law.

Acknowledgement and Signature
By signing below, I acknowledge that I have read this Volunteer Participation, Confidentiality, and Release Form, understand its terms, and agree to comply with and be bound by those terms and conditions.

Volunteer Printed Name: _____

Volunteer Signature: _____ Date: _____

District Witness Printed Name: _____

District Witness Signature: _____ Date: _____