



**M-H-LT
ELEMENTARY SCHOOL**

**RECOMMENDATION FOR APPROVAL
BACKGROUND CHECK/INFORMATION SHEET**

Person Making Initial Recommendation _____

Position Volunteer/Candidate
is being recommended for _____

****Volunteer/Candidate's Legal Name** _____

****Volunteer/Candidate's Date of Birth** _____

Volunteer/Candidate's Physical Address _____

Volunteer/Candidate's Mailing Address (if different from above) _____

Volunteer/Candidate's Phone Number _____

****Volunteer/Candidate's Driver's License Number** _____

****Volunteer/Candidate's Social Security Number** _____

****Other States Volunteer/Candidate has Resided (include years)** _____

****Candidate's Signature** _____

****REQUIRED INFORMATION**



M-H-LT ELEMENTARY SCHOOL

Parent and Community Volunteer Confidentiality Agreement

MHLT is very fortunate to have many volunteers! As the room parent and volunteer program grows, it is necessary to protect each student's right to confidentiality. Information and/or observations regarding students' behaviors, abilities, etc. is confidential. As a volunteer in our school, it is important that you help protect all children by keeping such information and/or observations confidential. To ensure that all volunteers understand the seriousness of this matter, we are asking all volunteers to sign the confidentiality agreement below. Thank you for your dedication to our school and for helping protect the rights of all of our children!

I, _____,
(please print)

understand the need to respect the right to confidentiality of all students.

I, therefore, agree not to discuss the behavior and/or ability of any students.

(signature) (date)

**Parent and Community Volunteers
are asked to sign this form
prior to volunteering at the
MHLT Elementary School**