Make a Difference!

BECOME A SCHOOL VOLUNTEER!

Our students, staff, and school community are stronger together — and we're so grateful for our volunteers!

SUPPORT ♥ ENCOURAGE ♥ INSPIRE ♥ MAKE A DIFFERENCE

Three Easy Ways to Submit Your Volunteer Packet

DROP OFF

Bring your completed packet to Central Office:

508 Whetstone Hill Road
Somerset, MA 02726

Central Office Hours:
8:00 AM – 4:00 PM

MAIL

Send your completed packet to:

Somerset Public Schools
Attn: Human Resources
508 Whetstone Hill Road
Somerset, MA 02726

EMAIL

Send your completed packet directly to:

jennifer.lazaro@sbregional.org

A COPY OF A GOVERNMENT ISSUED PHOTO ID

must accompany the completed volunteer packet.

Packets submitted without a copy of a valid government issued photo ID cannot be processed.

Thank You!

Our volunteers play an important role in supporting our students, staff, and school community. We appreciate your time, dedication, and willingness to be part of our schools!

SOMERSET BERKLEY REGIONAL SCHOOL DISTRICT

SOMERSET PUBLIC SCHOOLS

LEARN • GROW • BELONG

Stronger Together ♥

SOMERSET BERKLEY REGIONAL AND SOMERSET PUBLIC SCHOOLS

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with our schools.

1. Applicant Information

Full Legal Name (Last, First, Middle) _____	Preferred Name _____
Home Address _____	City / State / ZIP _____
Primary Phone _____	Email Address _____
Emergency Contact _____	Emergency Contact Phone _____

2. Volunteer Assignment

School / Building Requested _____	Teacher / Department / Program (if known) _____
Volunteer Activity / Purpose _____	Preferred Start Date _____
Days Available _____	Preferred Time(s) _____

Volunteer interests (check all that apply):

☐ Classroom assistance

☐ Tutoring / mentoring

☐ Library / technology/ office assistance

☐ Field trips / chaperoning

☐ Athletics / extracurricular activities

☐ Special events

☐ Arts / music / enrichment

☐ Other: _____

3. Experience and Qualifications

Please briefly describe any education, employment, volunteer experience, skills, certifications, or other experience, certifications or training relevant to the volunteer position.

_____

_____

SOMERSET BERKLEY REGIONAL AND SOMERSET PUBLIC SCHOOLS

4. Previous Relationship with the District

Have you previously been employed by, volunteered with, or otherwise worked with the District? ☐ Yes ☐ No

If yes, please provide dates and/or role: _____

5. Background Screening

Because volunteers may have access to or work in proximity to students, the District requires background screening appropriate to the assignment and applicable law and District policy. This includes CORI and SORI. A CORI and SORI authorization form will be completed as required.

☐ I understand that approval to volunteer is contingent upon completion of any required background screening and District approval.

6. Volunteer Expectations and Acknowledgment

☐ I understand that volunteering is unpaid and does not create an employment relationship with the District.

☐ I agree to follow all applicable District policies, school rules, staff directions, safety procedures, and visitor/volunteer procedures.

☐ I agree to maintain confidentiality regarding students, families, staff, and District information and will not disclose confidential information except as authorized or required by law.

☐ I understand that I may not photograph, record, post, or otherwise share student information or images unless specifically authorized by the District.

☐ I understand that the District may limit, modify, or discontinue a volunteer assignment at any time based on school needs, safety, policy, or other legitimate considerations.

☐ I agree to report any safety concern or suspected abuse/neglect in accordance with applicable law and District procedures and to immediately notify the appropriate school administrator of concerns involving a student.

7. Applicant Certification

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in denial or termination of my volunteer assignment. I understand that completion of this application does not guarantee placement as a volunteer.

Applicant Signature	Date
_____	_____

SOMERSET BERKLEY REGIONAL AND SOMERSET PUBLIC SCHOOLS

Confidentiality Agreement

This Confidentiality Agreement ("Agreement") is made and entered into as of the date set forth below by and between:

Somerset Berkley Regional and Somerset Public Schools, located at **580 Whetstone Hill Road, Somerset, MA 02726**, ("School District") and Employees, Temporary Staff, Student Teacher, Intern, Volunteer ("Recipient")

1. Purpose

The purpose of this Agreement is to protect confidential and sensitive information related to the School District, its students, staff, and operations.

2. Confidential Information

For the purposes of this Agreement, "Confidential Information" includes but is not limited to:

- Student records (including academic, health, and behavioral data)
- Staff personal information
- Financial data
- Policies, procedures, and any internal communications of the School District
- Any other information deemed confidential by the School District

3. Obligations of the Recipient

The Recipient agrees to the following obligations:

- To treat all Confidential Information with the highest degree of care.
- To not disclose any Confidential Information to any third party without prior written consent from the School District.
- To only use the Confidential Information for the purpose for which it was provided and not for personal, commercial, or any other unauthorized use.
- To take all reasonable steps to prevent unauthorized access, disclosure, or misuse of the Confidential Information.

4. Permitted Disclosures

Confidential Information may be disclosed by the Recipient only:

- To authorized persons within the School District.
- To any other parties specifically authorized in writing by the School District.

- As required by law, with prompt notice to the School District prior to such disclosure, if allowed by law.

5. Return or Destruction of Information

Upon termination of the Recipient's relationship with the School District, or upon request by the School District, the Recipient agrees to return or securely destroy any and all Confidential Information in their possession.

6. Duration

This Agreement shall remain in effect throughout the duration of the Recipient's association with the School District and shall continue after termination for as long as the Confidential Information remains sensitive or protected by applicable law.

7. Breach of Agreement

The Recipient acknowledges that any unauthorized disclosure of Confidential Information may result in disciplinary action, termination of employment or contract, legal action, and/or other remedies available under law.

8. Miscellaneous

- **Governing Law**: This Agreement shall be governed by and construed in accordance with the laws of the state of **Massachusetts**.
- **Entire Agreement**: This Agreement constitutes the entire agreement between the parties regarding the subject matter and supersedes all prior discussions or agreements.
- **Amendments**: Any amendments to this Agreement must be in writing and signed by both parties.

9. Acknowledgment

The Recipient acknowledges that they have read and understand this Agreement and agree to be bound by its terms.

Recipient Name:

Signature:

Date:

Somerset Public Schools
Somerset Berkley Regional School District

580 Whetstone Hill Road
Somerset MA 02726-3700
Telephone: (508) 324-3100
Fax: (508) 324-3104

Jeffrey Schoonover
Superintendent of Schools

CORI REQUEST FORM

The Somerset Public Schools and Somerset Berkley Regional School District have been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending.

As an applicant/employee for the position of _____ I understand that a criminal record check will be conducted for conviction, non-conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

* _____
Applicant/Employee Signature (*REQUIRED*)

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

* _____ * _____ _____ _____
LAST NAME *(REQUIRED)* FIRST NAME *(REQUIRED)* MIDDLE INITIAL SUFFIX

_____ _____ _____
FORMER LAST NAME 1 FORMER LAST NAME 2 FORMER LAST NAME 3

* _____ * _____
DATE OF BIRTH (mmddyear) *(REQUIRED)* LAST SIX DIGITS SSN *(REQUIRED)*

_____ _____
SEX RACE

_____ _____
FATHER'S NAME (LAST) (FIRST)

_____ _____ _____
MOTHER'S NAME (LAST) (FIRST) MOTHER'S MAIDEN NAME

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: (*FOR OFFICE USE):*_____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

PLEASE COMPLETE OTHER SIDE >>>>>>>>>>>>>>>>

Sex Offender Registry Information (SORI)
Request/Acknowledgement Form

As an applicant/employee/volunteer for the position of _____
I authorize Somerset Public Schools and Somerset Berkley Regional School District to use local and national Sexual Offender Registry Information to determine if I pose an unreasonable risk to students.

_____ _____
Last Name First Name

_____ _____
Signature Date

Information below to be completed by the District or Supervising Contractor

The above information was verified by reviewing the following form of non-expired government issued photographic identification:

___ Ma Driver's License **___ MA Identification** **___ Passport**

____ Other _____

Signature of Verifying Employee & School System _____

Requested by: Jeffrey Schoonover
Superintendent of Schools