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13940 Leroy
Southgate, MI 48195
(734) 246-4600 • FAX: (734) 283-6791

Prospective Volunteers:

Thank you for supporting the success of Southgate Community Schools. Volunteers make a difference in accomplishing the mission of our district, "Learning for Life."

Starting with the 2022-2023 school year, all volunteers will need to complete a background check annually. Even if you have volunteered in the past, a new form will be required annually.

All volunteers must also become familiar with Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). These acts protect the confidentiality of a students' educational records as well as the personal health information of our students and staff. While volunteering in a classroom or on an athletic field, it is important to understand that information about the educational performance and the health information is legally protected.

For athletic department volunteers only: In addition to becoming familiar with FERPA and HIPAA as described above, you must also complete concussion awareness training. Instructions on how to complete this training is found on the background check form.

Be sure to complete the volunteer requirements at least two weeks before you plan to volunteer.

Thank you for your support, and Go Titans!

Sharon Irvine
Superintendent



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Volunteer and Chaperone Background Check Form

I understand that as a Volunteer and/or Chaperone for Southgate Community Schools, I am subject to a background check to ensure the safety of all children.

I understand that any person who volunteers to work with the District will be screened through the Internet Criminal History Access Tool (ICHAT) and may be screened through the Sex Offender Registry (SOR) or the Offender Tracking Information System (OTIS). I authorize Southgate Community Schools to utilize this information for the sole purpose of obtaining a conviction-only history file search. All information received will be held in strict confidence with results viewed only by the Superintendent or designee.

This form must be submitted two weeks prior to volunteering and must be completed on an ANNUAL basis.

Name: _____
(Please print) Last Name First Name Middle Name

Maiden Name or Names Previously Used: _____

Date of Birth: ____/____/____ Race: (please choose one) ☐ White ☐ Black ☐ Asian/Pacific Islander
☐ American Indian/Alaskan Native
Gender: _____ ☐ Unknown/Other

Address: _____ City, State, Zip: _____

Phone Number: _____ Email Address: _____

I wish to volunteer for the following (check all that apply). Below each area of volunteerism there is a list of compliance items that need to be completed prior to being approved to volunteer.

☐ Athletics
Concussion Video
FERPA Overview
HIPPA Overview

☐ Classroom Volunteer
FERPA Overview
HIPPA Overview

☐ Field Trip Volunteer
FERPA Overview
HIPAA Overview

I wish to volunteer at the following schools: _____

Please list all of your children who are currently enrolled in Southgate Community Schools.

Student's Name Building Grade

Student's Name Building Grade

_____ Student's Name	_____ Building	_____ Grade
_____ Student's Name	_____ Building	_____ Grade

Please acknowledge each of the following by initialing each statement.

- _____ I give Southgate Community Schools permission to use ICHAT, SOR, or OTIS for the sole purpose of obtaining a conviction-only history file search.
- _____ I agree to abide by all Board of Education and District guidelines while volunteering.
- _____ I will release the District of any obligation should I become ill or receive an injury as a result of my volunteering.
- _____ I will receive no money whatsoever on behalf of the District for my volunteerism.
- _____ I understand that it is the policy of the Southgate Community School's Board of Education that no one may work (paid or volunteer) with a felony conviction unless approved, in writing, by the Board of Education and the Superintendent.
- _____ I have viewed the Concussion in Schools video that is required of ATHLETIC volunteers (if applicable).
- _____ I have read the FERPA and HIPAA Overview that is required of ALL volunteers.
- _____ I have attached a copy of my Driver's License.

Signature: _____ Date: _____

Please Note: You are not approved to volunteer until you have submitted this form, have a background check approved, and completed the compliance items (video/overview).

For Office Use Only: _____

Date Received in Building: _____ Received by: _____

Date Sent to Central Office: _____ ICHAT Run: _____

FERPA Overview

FERPA is an acronym for the Family Education Rights and Privacy Act of 1974. This federal law protects Personally Identifiable Information (PII) in students' educational records from unauthorized disclosure.

You are requesting to volunteer at Southgate Community Schools, and in this role, you might see and/or hear a students' PII. The PII is confidential and must be treated as such.

FERPA violations can have serious consequences for school districts who fail to comply, including loss of funding and potential legal action. Therefore, it's important that you take the following steps to protect student privacy:

- *Do not disclose the PII to another party* (except back to the School or District). The PII must not be shared with unauthorized users, and it must be protected from inadvertent disclosure due to careless handling.
- *Do not use the PII for other purposes*. The PII has been provided only for you to perform the volunteer service for which the school provided you the information. It should not be used for other purposes.
- *Do not keep the PII after you complete your volunteer service*. Destroy or return the PII to the school or district after completion of the service that you provided.

HIPAA Overview

HIPAA is an acronym for the Health Insurance Portability and Accountability Act of 1996. This federal law requires that individuals with access to Protected Health Information (PHI) maintain the confidentiality of the sensitive personal and medical information.

PHI is information, including demographic data (name, address, social security number, date of birth, etc.), that relates to the individual's past, present, or future physical or mental health or condition or the provision of health care to the individual.

You are requesting to volunteer at Southgate Community Schools, and in this role, you might see and/or hear about a students' or a staff members' PHI. The PHI is confidential and must be treated as such.

Your responsibility is to understand HIPAA and confidentiality. Remember:

- Anything you see...
- Anything you hear...
- Anything you read...
- Anything you observe with your five senses...
- Anything you already know about the medical conditions of a student or staff member....
- **Must Be Kept Confidential!**

Concussion in Schools Video

(For Athletic Volunteers Only)

- Log into the SafeSchools website – <https://southgateschools-mi.safeschools.com/register/c0a5c3d0>
- Create a Username (remember this for future use)
- Enter your First Name and Last Name
- Click "Register"
- After you complete the concussion video, please print the certificate, attach it to this form, and return it with your background check form to your child's school

Please note that if you do not complete the video all in one session and need to log back into SafeSchools to finish, you must use the following address: <https://southgateschools-mi.safeschools.com/login>