

Destiny School Volunteer Application

BEFORE COMPLETING THIS FORM, PLEASE REVIEW THE VOLUNTEER HANDBOOK. Once you have completed your review of the Volunteer Handbook, please complete all questions and click submit! Your results will be received and reviewed by the Volunteer and Compliance Specialist. Once all information is validated, the Specialist will contact you to make an appointment for final steps in becoming an approved volunteer for the Destiny School. Thank you in advance for your service to our students and school community!

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

Declaración de la Ley de Privacidad

Esta declaración de la ley de privacidad se encuentra al dorso del FD-258 tarjeta de huellas digitales.

Autoridad: La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

Propósito Principal: Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

Usos Rutinarios: Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018

cindycothrun@mydestinyschool.org

* Indicates required question

Email*

Last Name*

First Name*

Street Address*

City*

Zip Code*

Home Phone Number*

Cell Phone*

Emergency Contact #1: Name,

Phone*

Emergency Contact #2: Name,

Phone*

Family Physician Name and Phone:

List any medical conditions or allergies,

NA if none*

Have you previously volunteered at Destiny School? *

Yes

No

Please provide a brief description of the program, team, class, or activity, the direct supervisor in this area, and the work you've been asked to volunteer for: *

Will you be serving on a booster or parent group as a part of your volunteer work: *

Yes

No

Do you have a current Fingerprint Clearance Card*

Yes

No

HANDBOOK AND ORIENTATION AGREEMENT: By entering my name below I hereby attest that I have fully read and agree to all terms described in the Volunteer Handbook. I understand that I cannot begin volunteering until I have met with and been fully cleared by the Destiny School

Volunteer and Compliance Specialist, I certify the answers I've provided on this form are true, accurate and complete. I understand any misrepresentation of fact, false statements, or material omissions will result in the cancellation of my volunteer status with Destiny School. I also understand that district health insurance or workman's compensation insurance will not cover any incidents that may occur while I am volunteering for the school. *

CONFIDENTIALITY AGREEMENT: By entering my name below, I agree, as a volunteer of Destiny School, have been informed of my personal responsibility to honor and protect confidential matters and documents to which I have been exposed or have access to in my official volunteer duties. Furthermore, I understand and agree that willful violation of the confidentiality of any student's school related information shall result in immediate removal from my volunteer assignment. Volunteers are required to comply with all requirements concerning handling of and exposure to confidential information and materials in the school setting. My name below attests to my agreement regarding the confidentiality requirement for volunteers. *

STATEMENT OF UNDERSTANDING: Please read the following statement carefully and indicate your understanding and acceptance by entering your name below. My agreement below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the Destiny School contacts in connection with my volunteer application to fully provide the Destiny School with all information it requests. I hereby release the Destiny School, its members, employees and agents from any claims, including without limitation, defamation, emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against the Destiny School, its agents, officials, or against any provider of such information. I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include Board Members, administrators, other staff and members of the community. I give my consent to this disclosure. I certify that I have read this form in its entirety and that the information herein provided is true, accurate and complete. I understand that, should any statement I have made prove to be false, or misleading, it may result in the rejection of my volunteer application or in my discharge if I am volunteering. If already volunteering, I also understand that any misstatement or omission of fact on this application may result in my discharge. I understand that all documents I provide to Destiny School as part of my volunteer application will become property of Destiny School and will not be returned. Failure to disclose a criminal background may preclude you from volunteering with Destiny. Your fingerprints will be used to check the criminal history records of the FBI. If you have a criminal history record, you will be afforded 90 days to correct or complete the record before you will be denied the opportunity to volunteer. To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact

the Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. More information can be found at (azdps.gov). *

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