

**Northwest Ohio Educational Service Center
Intern/Observer/Volunteer Application, Release, and Confidentiality Form**

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ (please print clearly)

Requested District: _____ Requested Teacher _____

Period of Request (i.e. Fall 20xx) _____ Start Date Expected: ___/___/___ End Date Expected: ___/___/___

Hours/week expected: _____ If request associated with an educational institution please indicate: _____

Check Reason for Request: Student Teaching Methods Placement Clinical
 Observation Practicum Field Experience IEC Project More

Other: _____

Education

High School: _____ *Date Degree Awarded or Expected: _____

College: _____ Major: _____ *Date of Degree: ___/___/___

College: _____ Major: _____ *Date of Degree: ___/___/___

Employment History

Please give accurate, complete full-time and part-time employment information from your current or last prior employer.

Employer	Job Title	
Address (street, city, state, zip)		
Phone	Dates (from/to)	Total Years
Supervisor	Rate of Pay	
Job Duties		

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Address (street, city, state, zip)		
Phone	Dates (from/to)	Total Years
Supervisor	Rate of Pay	
Job Duties		

You must include copies of current (within past 365 days) Federal (FBI) and State (BCII) background checks with this application.

Professional References

Name: _____ Position: _____

District/Agency/Company: _____ Phone: _____

Name: _____ Position: _____

District/Agency/Company: _____ Phone: _____

Name: _____ Position: _____

District/Agency/Company: _____ Phone: _____

You must answer each of the following questions. If you answered Yes to any question, attach an explanation to this application. Please include the year of conviction, the nature of the offense, the court where the matter was heard and if the conviction was subsequently sealed or expunged.

- 1. Have you ever had ANY certificate, license, or permit, or an application for same, revoked, suspended, limited or denied? yes no
- 2. Have you ever surrendered ANY certificate, license, or permit? yes no

Notifications

I acknowledge being informed that, as a precondition of volunteering at the Northwest Ohio Educational Service Center, I must, in accordance with Ohio Law, provide a set of fingerprints and satisfactorily pass a criminal records check.

I hereby authorize the Northwest Ohio Educational Service Center to obtain from my former employers all data needed to support this application.

With the understanding that falsification of any information furnished on this application is grounds for the rejection of this application or, if I am approved, dismissal after my approval, I certify that all such information is true and complete to the best of my knowledge, and I hereby authorize agents of the Northwest Ohio Educational Service Center and those acting in accordance with their direction to investigate same. I understand that any such investigation may include, but need not be limited to, a prescreening, an inquiry to the Ohio Bureau of Criminal Identification and Investigation and to other law enforcement agencies; I accordingly agree to cooperate promptly and fully during the application process in being fingerprinted and otherwise in completing and signing all forms required for any such inquiry, and I acknowledge that my failure to cooperate shall cause the rejection of my application. Further, I hereby give my permission to the Ohio Bureau of Criminal Identification and Investigation and other law enforcement agencies, as well as any and all other persons and entities who might have knowledge concerning information that I have provided on this form, to disclose to agents of the Northwest Ohio Educational Service Center and those acting in accordance with their direction all pertinent information in their possession (except to the extent that I have expressly stated otherwise on this form), and I release those so requesting, receiving, and providing that information and their respective agents and principals, from any and all liability in connection therewith to the full extent permitted by law, and I voluntarily authorize the Northwest Ohio Educational Service Center to contact any references whose names I have submitted. I voluntarily release this agency and any persons providing information from any liability and claims relating to the use of information obtained.

The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

- *Volunteer, for him/herself and his or her legal representatives, spouse, heirs and assigns, does hereby release and forever discharge and hold harmless the NWOESC and its officers, directors, trustees, employees, agents, insurers and representatives, successors and assigns from any and all liability claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's activities with NWOESC. Volunteer understands and acknowledges that this Release discharges the NWOESC from any liability or claim that he/she may have with respect to bodily injury, personal injury, illness, death or property damage that may result from the services Volunteer provides to NWOESC.*
- *The Volunteer further understands and agrees that the scope of Volunteer's relationship with the NWOESC is limited to a volunteer position; that no compensation of any kind has been promised or is expected in return for services provided by Volunteer; and that the Northwest Ohio ESC will not provide any benefits traditionally associated with employment to Volunteer.*
- *Volunteer expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. Volunteer further agrees that in the event any clause or provision in this Release shall be held invalid by a court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise effect the remaining provisions of this Release which shall continue to be enforceable.*

I agree to be abide by all relevant Governing Board policies and administrative guidelines while on duty for the Northwest Ohio Educational Service Center (including, but not limited to, my obligation to keep confidential and not release or permit access to any and all student personally identifiable information to which I am exposed except as authorized by law – see next page). I understand that, although I am covered under the Center's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers compensation. Should I become ill or suffer an accident while doing non-employee work for the Center, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further, that, as a non-employee, I am not in any manner considered an employee of the Center or entitled to any benefits provided to employees. I further release the Board from any and all liability for any damages, whatever their nature, which may result as a consequence of my non-employee services.

All non-employees need to display appropriate behavior at all times. In accordance with R.C. 109.575, all non-employees who work or apply to work unsupervised with children on a regular basis will be required to provide a set of fingerprints at any time so that a criminal records check can be conducted. If a criminal records check is conducted, it will be done as a condition of initial or continued service as a non-employee. If a criminal records check indicates that a non-employee has been convicted of or plead guilty to any of the offenses described in R.C. 109.572 (A) (1), the non-employee will be informed of the Board's actions in accordance with Policy 3120.09 or 4120.09.

DUTY TO MAINTAIN CONFIDENTIALITY OF STUDENT RECORDS AND INFORMATION

The Center is committed to maintaining the security and confidentiality of all student records and/or student personally identifiable information. As an approved non-employee in the Center, you may have access to student records and/or student personally identifiable information that must be maintained as confidential and not released and/or permitted access to except as authorized by Board policy and law. Violations of this duty may result in reassignment and/or restriction of your non-employee responsibilities by the building principal or designee, or by a designated representative of the Northwest Ohio Educational Service Center.

Non-employees must comply with the following:

- All student records are considered confidential.
- Directory information including the student's name, address, telephone number, date and place of birth, major field of study, participation in officially-recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received and previous educational agencies or institutions attended, can only be shared with administrative approval.
- Records may not be left in a place where they can be viewed by others.
- Copies of records may only be shared with administrative approval.
- Non-employees may not discuss or repeat information overheard while in the staff lounge, classrooms, office, school grounds, hallways, school or extra-curricular activities.
- Non-employees may not discuss information obtained while in a classroom, such as a student's grade or behavior, with anyone other than the student's teacher or the building principal.
- Concerns or questions regarding student records or issues of confidentiality should be brought to the attention of the staff member responsible for supervising your activities and/or the building principal.
- Any knowledge of a violation of these provisions must be immediately reported to the staff member responsible for supervising your activities and/or the building principal.

You must include copies of current (within past 365 days) Federal (FBI) and State (BCII) background checks with this application. If you do not have current FBI and BCII checks, you can have the checks done at NwOESC Tuesday–Thursday 12:00 to 4:00 pm or by appointment by calling 567.444.4800.

You will be notified when your request has been fully approved, then you may begin as requested and approved.

By signing below you acknowledge that you have read and understood, and agree to comply with the terms and conditions set forth above.

Applicant printed name: _____
 First MI Last

Applicant's Signature _____ Date _____

<u>For Office Use Only</u>	
Preliminary Approval by: _____	Date _____
FBI & BCII Checks Verified by: _____	Date _____
Notification to Individual by: _____	Date _____
Board approval date: _____	

EMERGENCY MEDICAL AUTHORIZATION FORM

Employee Name:

Please list TWO persons to contact in the event of an emergency:

Name	Name
Relationship	Relationship
Address	Address
City/State	City/State
Home Phone	Home Phone
Cell Phone	Cell Phone
Employer	Employer
Work Phone	Work Phone

Please list your Medical Provider:

DOCTOR NAME: _____

PHONE: _____

GROUP/CLINIC: _____

CITY/STATE: _____

Please list medical history, medications, allergies, etc:

Consent is given for use of this information to persons acting on my behalf in case of an emergency:

Date

Substitute Signature