

Hawaii Department of Education  
**Volunteer Agreement**

**VOLUNTEER CERTIFICATION**

I hereby certify that all the information which I have provided during the application process is accurate and correct and I hereby make application to be a school volunteer in the Hawaii Department of Education. I understand that I am applying for a volunteer position and that this is not an application for, or contract of, employment. If any of the information given on this application is incomplete or untrue, I understand that my assignment may be terminated.

**VOLUNTEER CONSENT FOR REFERENCE, CREDENTIAL, AND BACKGROUND CHECKS**

I hereby give the Hawaii Department of Education permission to inquire into my licenses, credentials, educational background, references, driving record, police records, employment and my volunteer history. I further give permission to the holder of any such records to release this information to the Hawaii Department of Education and its authorized officials. I understand that the Hawaii Department of Education will only use this information as part of its verification of my volunteer application and periodically for evaluation purposes. I do hereby hold the Hawaii Department of Education harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information. I further hold harmless any individual, agency, business or corporation that provides information or documents to the Hawaii Department of Education. I understand that my placement with the Hawaii Department of Education is conditional upon the completion of appropriate suitability checks and cannot begin (or continue) unless this statement is satisfactorily completed.

**VOLUNTEER CONSENT FOR RELEASE OF INFORMATION**

I do hereby give the Hawaii Department of Education permission to release personal information to local, state, and federal management agencies as needed. In addition, I give my consent to use my image and name as a school volunteer in publicity about the volunteer program as needed. There is no expiration on this permission unless notified.

**STATEMENT OF UNDERSTANDING AND CONFIDENTIALITY**

I understand that as a volunteer with the Hawaii Department of Education, all information that I hear and see related to students is strictly confidential and is not be discussed outside of the Hawaii Department of Education. I agree to observe all policies and procedures of the Hawaii Department of Education, including its commitment to a drug-free workplace.

A photocopy of this release form will be valid as an original thereof even though the said photocopy does not contain an original writing of my signature.

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**STATEMENT OF PERSONAL BACKGROUND AND CRIMINAL HISTORY**

- 1. Have you ever been convicted of any of the following:  
Sex-Related Offenses?.....Yes\_\_\_ No\_\_\_  
Child Abuse/Neglect Offenses?.....Yes\_\_\_ No\_\_\_  
Substance/Drug Abuse Offenses? ..... Yes\_\_\_ No\_\_\_  
Any Violation of the Law (Felony & Misdemeanor) other than minor  
Traffic offense involving a fine of \$50 or less?.....Yes\_\_\_ No\_\_\_
  
- 2. Have you ever been diagnosed as having a mental or emotional condition  
which may affect your ability to responsibly manage, supervise, control,  
and interact with children?.....Yes\_\_\_ No\_\_\_

Use the space below to explain any "yes" responses. Note: "Yes" answers do not automatically disqualify you from volunteering. Placement decisions will depend on the circumstances of each situation.