



SCHOOL DISTRICT OF OOSTBURG

410 New York Avenue | P.O. Box 700100 | Oostburg, WI 53070
(920) 564-2346 | Facsimile (920) 564-6138

KEVIN BRUGGINK
District
Administrator

SCOTT GREUPINK
Principal Oostburg
High School

SHERRI STENDEL
Principal Oostburg
Middle School

ANN STEENWYK
Principal Oostburg
Elementary School

BRYCE DEROOOS
Director of Student
Services

KRISTIN DE BRUINE
Director of
Finance/Personnel

Confidentiality Policy

Confidentiality is an important part of your role as an Oostburg School District Volunteer. Information you learn about children and families other than your own is not to be shared with anyone other than school staff. If you are unable to follow these guidelines, we cannot continue to have you assist our children and our staff.

Examples include:

- Informing parents of students who received a good score on work
- Discussing students who have had behavior incidents at School District of Oostburg
- Discussing special programming of students
- Sharing any medical information on students

If at any time you have a concern regarding a situation, please inform the teacher or principal for direction.

We ask that you return the confidentiality policy found on the Registered Volunteer Form to the school office if you are now or plan to be a regular volunteer for our school.

Please feel free to contact the school if you have any questions or concerns in regards to the confidentiality policy.



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Registered Volunteer Form

A registered volunteer is not an employee of the Oostburg School District. Under direction of a School District staff member, a volunteer will perform services to the School District on more than an infrequent and/or spontaneous basis on school premises.

For purposes of safety, health and welfare of the students and assurances to their parents and/or guardians, the following information is requested.

1. Name _____
Address _____
Phone Number _____ Place of Employment _____
Date of Birth _____ Social Security Number _____

2. Please provide the name and phone number of someone as a character reference.
Name _____ Phone Number _____

3. Have you been arrested, charged or convicted of a crime, the circumstances of which substantially relate to the circumstances of the position for which you are volunteering? _____ Yes _____ No
If yes, explain: _____

4. Your signature on this form indicates your permission for the School District to do both a criminal and/or non-criminal background check.

Signature

Confidentiality Agreement

I agree to follow the confidentiality policy as listed on the Oostburg School District Confidentiality Policy sheet. I understand that sharing any confidential information with others will result in not being able to be a classroom volunteer at school.

Volunteer Name (Printed)

Volunteer Signature

Date

No person may be denied admission to any public school in the district or be denied participation in, be denied the benefits of, or be discriminated against in any curricular, co-curricular, student services, recreational or other program or activity because of the person's sex, race, color, national origin, ancestry, creed, religion, pregnancy, marital or parental status, sexual orientation, handicap or physical, mental, emotional or learning disability in the educational programs or activities operated by the School District of Oostburg.