



**Dr. Ashley Speas
Executive Principal**

VOLUNTEER AGREEMENT

I, _____, understand that as a volunteer at West High School, I may become aware of or exposed to student information that is protected under the Family Education Rights Privacy Act (FERPA) the Health Insurance Portability and Accountability Act (HIPAA), or similar Tennessee state laws making certain information regarding Knox County Schools' students or employees confidential. Therefore, in consideration of Knox County Schools providing me with the opportunity to serve as a volunteer for Knox County Schools, I agree not to discuss, release, or disclose any information or any information or anything I observe or hear of a confidential nature regarding any student or employee of the Knox County Schools. I agree to strictly maintain the confidentiality of all information to which I may become privy and to notify school administration should I become aware of protected information.

The following information about students is considered to be "directory information" and is not confidential: name, address, birth date, date of attendance (years only – not to include specific days absent), grade levels completed, awards/degrees earned, participation in sports or activities, weight and height of athletes, sports statistics, and academic and extracurricular honors and awards. **All other information regarding students should be presumed to be protected confidential information.**

The following information regarding employees of Knox County Schools or their family members should be considered to be confidential: results of evaluations, home telephone, and personal cell phone numbers, bank account, individual health savings account, retirement account, and pension account information, social security number, residential street address, driver license information, emergency contact information, and personal (non-Knox County Schools) email address.

Thank you for your desire to volunteer at West High School.

I have read, understand, and agree to the information presented above:

Signature: _____

Date: _____