



2100 North 75th Ave Glendale, AZ 85308 603-5612000 www.dreamcityschools.org

DCCS BACKGROUND CHECK

Dear Parents,

DCCS recognizes that parent volunteers provide valuable assistance to instructional programs, to school personnel and to students' educational enrichment opportunities. The school encourages volunteer participation by individuals in classrooms, preparation for and during events, on field trips, and various other activities.

Parents and persons volunteering on campus or field trips will need to fill out a Volunteer Background Screening Consent form or get a fingerprint card check through the Arizona Department of Public Safety. Submit the background check form or your fingerprint card to the school receptionist **one week prior to volunteering**. There \$11 (exact cash or check) processing fee. There is no charge to run your fingerprint card. Clearance is good for one calendar year. Volunteers may begin once paperwork is complete, and the background check results have come back clear. Volunteers will need to sign-in / out at the reception desk in the school office.

Thank you for volunteering!



Employees, Volunteers, and Board Members

Confidentiality Agreement

2022-2023

Respecting the privacy of our students, staff, volunteers, and donors is a basic value of Dream City Christian School (DCCS). As employees, volunteers, and board members of Dream City Christian School, you may be exposed to information which is confidential and/or privileged and proprietary in nature. It is the policy of Dream City Christian School that such information must be kept confidential both during and after employment or volunteer service.

“Information” is a very broad term that includes but is not limited to: written documents, e-mails, technical data, personnel actions, student discipline, as well as, ideas, plans and processes that DCCS uses in its business every day. You must take measures to properly categorize all DCCS information that is not intended to be available to the public. Information that is classified as internal or confidential must be used for DCCS business only and must not be discussed or disclosed to others without proper authorization. Therefore, care shall also be taken to ensure that unauthorized individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared.

Staff and volunteers, including board members, are expected to return materials containing privileged or confidential information at the time of separation from employment or expiration of service.

Unauthorized disclosure of confidential or privileged information is a serious violation of DCCS Policy 301: Confidential Information and Professionalism and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including removal/dismissal.

ACKNOWLEDGEMENT OF CONFIDENTIALITY OF SCHOOL INFORMATION

I have read Dream City Christian School’s Statement of Confidentiality presented above and have reviewed all policies regarding confidential information and professionalism. I agree to abide by the requirements of the policy and inform my supervisor immediately if I believe any violation of the policy has occurred. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my service with Dream City Christian School.

Signature _____ Name _____ Date _____



Volunteer Background Screening Consent 2022-2023

I, _____ hereby authorize the Human Resources Representative of Dream City Christian to make an independent investigation of my background, references, character, credit, past employment, education, criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all other public records, for the purpose of confirming the information contained on this Consent Form. I release the HR Representative and/or his/her agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

PLEASE PRINT CLEARLY

Full Name (Printed): _____

Maiden Name or Other Names Used : _____

Male _____ Female _____ Cell Phone: _____

Present Street Address: _____

City: _____ State: _____ Zip: _____

How Long at Present Address: _____ Date of Birth* _____

Social Security Number* _____

Driver's License Number* _____ State: _____

Signature of Volunteer: _____ Date: _____

*NOTE: The above information is required for identification purposes only. Dream City Christian abides by all applicable state and federal employment laws.

The purpose of this background investigation is to ensure the safety of our children, volunteers and staff of Dream City Christian. Thank you for your cooperation and understanding.

THIS FORM IS FOR DREAM CITY CHRISTIAN USE ONLY
21000 N. 75th Ave ~ Glendale, AZ 85308

Office Use Only

Cash Check # _____

Processed by: _____

Cleared Date: _____ Expiration Date: _____