

Parent Volunteers and Confidentiality

By signing this form, I certify that:

- I have completed the Parent Volunteers and Confidentiality Training
- I agree to keep confidential all private, sensitive, and personally identifiable information that I may hear or see while volunteering in a Howard County Public School.

Name

Signature

Child's Name / Children's Names*

Date

*Please print and complete this form for each school in which you have a child and are registering as a volunteer. Submit a copy of this form when you register at each school.