



1550 Main St | 3rd Floor | Springfield MA | 01103

(413) 787-7100 EXT 55697

www.springfieldschoolvolunteers.org

PARENT/GUARDIAN CONSENT FORM

Dear Parent/Guardian:

A young person in your care is being considered for participation in one or more of the programs of Springfield School Volunteers (SSV). Please note that on occasion, SSV is required to share information with funders about the progress of students receiving support through its programs. Additionally, individual volunteers working with students may ask for information about those students for the sole purpose of promoting academic success and providing targeted assistance and support.

You or your young person may be asked to complete surveys to help us evaluate the effectiveness of our programs and services. All student information will be kept confidential. Only a summary of results from multiple student surveys will be shared or used to help us strengthen our programs.

Occasionally, SSV photographs or videotapes students participating in its programs and uses those images for public relations or recruitment purposes. SSV also periodically offers remote programming and requires a valid email address to be provided in order for the student to access the selected video conferencing platform.

Springfield Public Schools Data Sharing Consent:

By signing this form, I, _____, the authorized parent/guardian of

PARENT/GUARDIAN NAME (PRINT)

_____ at _____, I authorize SSV to share

STUDENT NAME (PRINT)

SCHOOL NAME (PRINT)

written information regarding participation and performance in the assigned volunteer program. Further, I authorize Springfield Public Schools (SPS) to disclose to SSV information in my student's record, including but not limited to enrollment, attendance, behavior, and academic performance data. I understand that the purpose of sharing this information is to enable SSV and SPS to improve the quality and alignment of services and education for students. I also understand that the shared information will be stored in a secure, password-protected electronic database maintained by the Springfield Public Schools and only accessible to those with authorized access.

I understand that SSV generally discloses only non-identifiable, student data and that SSV may disclose specific data only to the volunteer with whom the student is working. In the event that my young person is no longer enrolled in the Springfield Public Schools or ceases participation in SSV's programs or services, both organizations will terminate all information sharing within a reasonable period of time. Both organizations will also terminate any information sharing if I revoke this authorization in writing, delivered to the Springfield Public Schools and SSV.



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Please initial and sign below to indicate your permission:

___ I understand and agree with the information included in the Springfield Public Schools Data Sharing Consent section above.

___ I give permission for my young person to participate in SSV's programs.

___ I give permission for my young person to participate in virtual programming, if applicable.

___ SSV and/or my young person's volunteer may have access to academic data.

___ My young person may complete program evaluation tools at the request of SSV.

___ My young person may be photographed/videotaped, and those images may be used by SSV for public relations or recruitment purposes.

___ My young person's first name may be included in print with his/her image.

STUDENT NAME (PRINT) STUDENT ID NUMBER PRIMARY LANGUAGE

PARENT/GUARDIAN NAME (PRINT) PRIMARY LANGUAGE

MAILING ADDRESS CITY STATE ZIP CODE

EMAIL ADDRESS PHONE NUMBER

ALTERNATE EMAIL ADDRESS ALTERNATE PHONE NUMBER

PARENT GUARDIAN SIGNATURE DATE

Additional Information

Please provide any additional information below that may assist us in finding the right volunteer:

MALE VOLUNTEER FEMALE VOLUNTEER NO PREFERENCE

Send this form to SSV at 1550 Main Street, Springfield, MA 01103 or volunteer@springfieldpublicschools.com