**Donald E. Schick Elementary School Volunteer Application**



 *PRINT – COMPLETE ALL INFORMATION AND CHECK APPLICABLE BOXES BELOW – SIGN*

 *FORM BEFORE SUBMITTING TO SCHOOL OFFICE – You may list N/A if applicable.*

***Parent/Guardian Volunteer Community Volunteer – includes***

 ***step-parents, grandparents, aunts, uncles***

 ***& older siblings***

|  |  |  |
| --- | --- | --- |
| ***Check one***Mr. / Mrs. / Ms | First Name | Last Name |
| Street Address | City |
| E-mail Address | Date of Birth *LTSD Volunteers must be 18 years or older* |
| Home Phone | Work Phone | Cell Phone |

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? No Yes (if yes, please state the nature, date and place of conviction.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a crime against children? No Yes (if yes, please state the nature, date and place of conviction.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFO FOR VOLUNTEER (IN CASE OF EMERGENCY)**

Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Illness or health condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medications taken:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission to have emergency care administered.**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURES ALSO REQUIRED ON REVERSE SIDE. DO NOT SUBMIT UNTIL SIGNED**

**Donald E. Schick Elementary School**

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**Confidentiality Agreement for School Volunteers**

**Volunteer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 The district recognizes the value of having parents and community members involved in the educational setting. The purpose of this agreement is to ensure that volunteers maintain confidentiality at all times. It is the intent of the district to protect the confidentiality of every student. Therefore, it is essential that confidential information shall not be revealed.

 Matters of a confidential nature go beyond those matters identified in law – as for example student records and employee personnel files. Matters deemed confidential include all aspects of a student’s school performance, discipline and information obtained while in the school building.

 Matters discussed at any time in the school are considered confidential and should not be discussed with any individual inside or outside the school community.

 If an individual is in doubt or question arises as to the confidential nature of the information or subject matter, the individual should question the conveyor of such information or the administration of the discussion as to whether the matter is to be treated as confidential. In the absence of clarification, the discussion or written information shall be treated and kept as confidential.

 I understand and agree to the terms of this Confidentiality Agreement. I understand that if this agreement is violated my volunteer service will be terminated.

**Volunteer’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Thank you for your interest and involvement with children in our school. Please return the completed application form to the school office.***

I certify that all data and information submitted in this application is truthful and accurate and that no information has been omitted. I agree to abide by all district rules and policies. All volunteers must bring their driver’s license to the school office so that a copy can be made.

**Volunteer’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FORMS ARE KEPT ON FILE AT THE SCHOOL FOR THE CURRENT SCHOOL YEAR. A NEW APPLICATION AND EMERGENCY FORM/LIABILITY FORM ARE REQUIRED FOR EVERY VOLUNTEER FOR EACH NEW SCHOOL YEAR.**