Policy 3150/4532 **NEW LEBANON CENTRAL SCHOOL DISTRICT APPLICATION FOR VOLUNTEERS**

Date:			
Name:	Email addres	s:	
Address:			
Phone No.:			
Phone No.:(Home)	(Work/Cell)		
Are you taking any medications wheexplain:	nich we should be aware of in t	he event of an emer	gency? If yes, please
Are you certified in CPR? □ Are you certified in First Aid? □	Yes □ No Yes □ No		
References: List below two persons	s, not related to you, whom you h	nave known at least o	ne year.
NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED
Emergency Information: In case	se of emergency, please notify:		
Name	Address	Pho	ne
Have you ever been convicted, pled refelony, misdemeanor or criminal cha			_
Have you ever been involuntarily term in connection with any position in wh		•	to avoid termination
Are there any past or present incident conduct which affects the health, safe	<u>-</u>		engaged in immoral
If your answer is "yes" to any of the date, charge, place and action taken. applicant. An additional notarized st the position.	Be advised that an affirmative an	nswer does not auton	natically disqualify an
My signature below permits the Distr	rict to contact any or all reference	es listed if necessary.	
Date:	Signature:		

Dear Volunteer,

Your service as a volunteer in our schools is greatly appreciated. In your association with teachers and students, you may have access to student information that is not to be shared or discussed with anyone other than designated personnel. Confidentiality is of the utmost importance in your work with teachers and students. You may not discuss a child even with that child's parents/guardians; nor are you to contact parents/guardians regarding the behavior or performance of students. You must always refer any questions regarding students to the student's teacher, coach or the building principal. If you need help with a student, discuss the matter professionally with the child's teacher, coach or other designated school official. Before beginning service as a volunteer in our School District, it is requested that you acknowledge your intent to fulfill this responsibility by endorsing the statement below.

Volunteers in our School District shall perform tasks only under the supervision and guidance of appropriate staff, and are expected to comply with all District rules and regulations.

Violation of these guidelines may constitute cause for termination of the volunteer's services. The Superintendent or his/her designee is responsible for decisions concerning continuation or discontinuance of a volunteer's activities.

Volunteer Confidentiality Agreement and Signature

Name of Volunteer (plea	ase print)		
Signature of Volunteer		Date	
Signature of Administra	tor	Date	
This letter will be kept of	on file in the Main Office of	the building to which the welveteen	1 4
		the building to which the volunteer	is assigned. A co
the letter will be provide		-	-
the letter will be provide Reviewed by:	d to the volunteer.	-	-
the letter will be provide Reviewed by:	d to the volunteer.	-	-
the letter will be provide	d to the volunteer.	-	-
the letter will be provide Reviewed by:	d to the volunteer.	-	-

Principal Signature: