Policy 4532 NEW LEBANON CENTRAL SCHOOL DISTRICT APPLICATION FOR VOLUNTEERS

Date:			
Name:		Email address:	
Address:			
Phone No.: _			
	(Home)	(Work/Cell)	
Are you tak	ng any medications whic	h we should be aware of in the event of an emergency? If yes, pl	lease

Are you certified in CPR?	\Box Yes	🗆 No
Are you certified in First Aid?	\Box Yes	🗆 No

References: List below two persons, not related to you, whom you have known at least one year.

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED

Emergency Information: In case of emergency, please notify:

Name

Address

Phone

Legal Information

Have you ever been convicted, pled no contest or received a deferred prosecution or judgment in response to a felony, misdemeanor or criminal charge (excluding minor traffic offences such as speeding)? \Box Yes \Box No

Have you ever been involuntarily terminated, asked to resign or tendered your resignation to avoid termination in connection with any position in which you worked with children? \Box Yes \Box No

Are there any past or present incidents which would provide the basis for alleging that you engaged in immoral conduct which affects the health, safety or welfare or children? \Box Yes \Box No

If your answer is "yes" to any of the above questions, please provide complete details on a separate sheet stating date, charge, place and action taken. Be advised that an affirmative answer does not automatically disqualify an applicant. An additional notarized statement similar to the above will be required if you are recommended for the position.

My signature below permits the District to contact any or all references 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

By signing, I acknowledge that I have read, understand, and will comply with the expectations described above.

Name of Volunteer (please print)	
Signature of Volunteer	Date
Signature of Administrator	Date
This letter will be kept on file in the Main O the letter will be provided to the volunteer.	office of the building to which the volunteer is assigned. A cop
Reviewed by:	Date:
REMARKS:	

□ Approved	Not Approved	
Principal Signature:		