



# Davis Waldorf School

Inspired Learning for the Whole Child

## VOLUNTEER AGREEMENT FORM

Volunteer name (please print): \_\_\_\_\_

Volunteer date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

By signing this form, I acknowledge that I have chosen to volunteer to help with students at the Davis Waldorf School in the following capacity:

\_\_\_\_\_  
Please specify, i.e. 3<sup>rd</sup> Gr. Gardening or Handwork, 5<sup>th</sup> Gr. driver, 7<sup>th</sup> Gr. overnight Field Trip Chaperone

In connection with my volunteer service, I make the following express representations:

1. As a classroom volunteer, I understand that I will always be engaged in an activity with the students under the full and direct supervision of the lead teacher, a subject teacher or a paid assistant. I agree to allow the school to conduct a "volunteer level" background check to:
  - a. Validate my social security number
  - b. Identify any criminal records
  - c. Access my DMV records
2. As a field trip driver for occasional short day trips, I agree to allow the school to conduct a "volunteer level" background check, as described in item 1.
3. As an overnight field trip chaperone, I must undergo a "supervisory level" background check, administered through our Business Manager. This will entail providing my fingerprints through a LiveScan system, using a form provided by the Business Office.
  - a. This will provide the school with updates through the FBI and Department of Justice database system for as long as I remain an active volunteer at the school.
  - b. I agree to pay the cost of the collection of fingerprints (approx. \$15 – 25) to be paid by me at the time of the service. If this is a financial hardship, I will contact the Business Manager. Note: DWS will pay the \$49 FBI/DOJ fee for a limited number of parents.
4. I understand and acknowledge that my time and services as a volunteer are being donated by me without compensation or contemplation of future employment.
5. I understand that as a volunteer, I will earn no wages or benefits and that I will not be entitled to unemployment insurance benefits, nor will I be covered under the school's workers' compensation insurance in the event I am injured while engaging in the volunteer services I will provide.

I acknowledge that I have read this agreement, have voluntarily signed it, and that no oral representations, statements, or inducements apart from the contents of this agreement have been made to me.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Business Manager's Signature: \_\_\_\_\_

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