

**Albemarle County Public Schools  
Volunteer Registration Form**



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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone (H): \_\_\_\_\_ (C) : \_\_\_\_\_ (W) : \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ (C) : \_\_\_\_\_ (W) : \_\_\_\_\_

**Reference Information: (Not a relative)**

Name: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ (C) : \_\_\_\_\_ (W) : \_\_\_\_\_

Have you ever been convicted of crimes against children? YES  NO

I understand I am offering my services without compensation as a volunteer. I assume full and complete responsibility for my own actions taken while serving as a volunteer with Albemarle County Public Schools. I agree to hold the school system harmless from any liability resulting from my actions.



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



## Volunteer Code of Ethics

As an Albemarle County Public Schools volunteer, I agree to abide by the following code of conduct:

- Immediately upon arrival, I will sign in at the main office at the designated sign-in station.
- I will display volunteer or visitor identification while on the school premises.
- I agree to never be alone with individual students who are not under the supervision of teachers or school authorities without permission from authorized school staff.
- I will use only adult bathroom facilities.
- I will not contact students outside of school hours without permission from the students' parents/guardians.
- I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required for my volunteer role. I will exchange home directory information only with parental and administrative approval.
- I will maintain confidentiality outside of school and will share any concerns that I may have related to student welfare and safety with teachers and/or school administrators. I will not disclose, use, or disseminate student photographs or personal information about students or myself.
- I agree not to transport students without the permission of parents or guardians or without the expressed permission of the school or district and will abide by the district's procedures.
- I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.

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

\*Please sign this copy and return to your school contact.

Student's Name: \_\_\_\_\_