



# Davis Waldorf School

Inspired Learning for the Whole Child

## 2021-2022 VOLUNTEER AGREEMENT FORM

Volunteer name (please print full name: first, middle, last): \_\_\_\_\_

Volunteer Date of Birth: \_\_\_\_\_

Social Security Number\*: \_\_\_\_\_

\*If you have completed a LiveScan previously for DWS, you do not need to include your 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. 7th Grade Field Trip Chaperone, etc.)*

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

1. As a field trip volunteer for occasional short day trips, I understand that I will always be engaged in an activity with the students under the full and direct supervision of the lead teacher. 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. I understand and acknowledge that my time and services as a volunteer are being donated by me without compensation or contemplation of future employment.
3. 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.
4. I understand in accordance with CDPH guidelines that all individuals must wear a face covering when indoors.
5. When working in close proximity to students (within 3 feet for over a minute), I will wear a face covering.
6. I understand that I must stay home if I have ANY symptom of COVID including: *Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea.*
7. I will test within 72 hours of the field trip(s) and submit test results before the trip to [registrar@daviswaldorf.org](mailto:registrar@daviswaldorf.org).

*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: \_\_\_\_\_