



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: *(only include this if you are NOT LiveScanned or in process)* _____

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. 3rd Gr. Gardening or Handwork, etc.)

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

On Campus Volunteer, Day Trip Chaperone (Basic Background Check)

1. As a DWS 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

Overnight Chaperone (LiveScan Required)

2. 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. \$67) to be paid by me at the time of the service. If this is a financial hardship, I will contact the Business Manager (finance@daviswaldorf.org).

3. I understand and acknowledge that my time and services as a volunteer are being donated by me without compensation or contemplation of future employment.

4. 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: _____