



# School Administrative Unit #41

Hollis, Brookline & Hollis-Brookline Cooperative School Districts  
Office of the Superintendent of Schools  
4 Lund Lane  
Hollis, New Hampshire 03049  
603.324.5999 fax 603.697.8462

Please complete the following information:

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

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

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please select one of the following:

- I would like to return as a Volunteer with SAU 41.
- I do not wish to continue as a Volunteer with SAU 41.

**Preferred Buildings: (check all that apply)**

*SAU 41 does not guarantee specific building assignments and reserves the right to restrict access to any and/or all buildings.*

**Hollis**

- Hollis Primary School (PK-3)
- Hollis Upper Elementary School (4-6)

**Brookline**

- Richard Maghakian Elementary School (PK-3)
- Captain Samuel Douglass Academy (4-6)

**Cooperative**

- Hollis Brookline Middle School (7-8)
- Hollis Brookline High School (9-12)

**SAU 41**

- SAU Central Office

**Initial each of the following acknowledgements:**

- \_\_\_\_\_ That I am 18 years of age or older and know of no reason, medical or otherwise, which would prevent me from performing the tasks required;
- \_\_\_\_\_ That I assume full responsibility for my own safety and the safety of others who might be affected by my actions or omissions. I hereby agree to release, defend, indemnify and hold harmless SAU 41 and its member districts, its agents, employees and officers from any and all claims of illness, bodily injury, personal injury or property damage occurring to me or to others, arising from my negligent, reckless, wanton or intentional conduct while participating in activities;
- \_\_\_\_\_ That I will perform the volunteer service in compliance with the standards and specifications established or approved by SAU 41 and its member districts and understand that it is their right to suspend or terminate service;
- \_\_\_\_\_ That I will not interrupt or disturb classrooms or teachers while I am a volunteer. If I need to speak with a teacher, I will follow procedure and make an appointment;
- \_\_\_\_\_ That I agree to maintain confidentiality at all times;
- \_\_\_\_\_ That I have never been convicted of a criminal offense and have never been arrested for any offense involving sexual misconduct or moral turpitude.
- \_\_\_\_\_ That I am required to take training annually prior to providing any volunteer services.
- \_\_\_\_\_ That my contact information may be shared with members of the Parent Run organizations under the SAU 41 umbrella.

Signature _____	Date _____
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<b>SAU USE ONLY</b>		
Building Administrator Approval: _____	Training complete: _____	Entered on Master list: _____