



# Volunteer Code of Conduct

Name: \_\_\_\_\_  
(Last, First name)

By volunteering with the Cambrian School District, you have a responsibility to the District and to your fellow volunteers, to adhere to certain rules of behavior and conduct. The purpose of these rules is not to restrict your rights, but rather to be certain that the learning environment is not compromised. When a person is aware that they can fully depend upon others to follow the rules of conduct, then our organization is a better place to work for everyone. Volunteers should become familiar with the specific rules at the site(s) at which they volunteer.

Please review and initial the following for your understanding:

\_\_\_\_\_ Immediately upon arrival, I will sign-in and out at the front office or at the designated sign-in station.

\_\_\_\_\_ I will wear or show a volunteer identification badge whenever volunteering at the school.

\_\_\_\_\_ I agree to develop a partnership with an assigned teacher or staff member.

\_\_\_\_\_ I will become familiar with the bell schedule at the school.

\_\_\_\_\_ I will follow the school's chain of command and protocol.

\_\_\_\_\_ I agree to abide by all applicable school rules and District policies and procedures.

\_\_\_\_\_ I will not solicit outside contact with students.

\_\_\_\_\_ I will only use the adult bathroom facilities.

\_\_\_\_\_ I agree to abide by all applicable school rules and District policies and procedures.

\_\_\_\_\_ I agree never to be alone with individual students when not in the presence of a staff member.

\_\_\_\_\_ I will not solicit outside contact with students.

\_\_\_\_\_ I agree not to exchange telephone numbers, home addresses, email addresses or other home directory information with students for any purpose.

\_\_\_\_\_ I will maintain confidentiality outside of the school about the school learning environment, including all records and/or observations regarding students.

\_\_\_\_\_ I will always report suspected Child Abuse to the Principal/Designee immediately.

\_\_\_\_\_ I agree not to transport students without the written permission of parents or guardians and with the expressed permission of the school or district.

\_\_\_\_\_ I understand it is unlawful for me to photograph, video, or otherwise record students and staff.

I will not disclose, use, or disseminate student photography or videos or personal information about students, self or others in any format including electronic formats (e.g. social networks).

I agree not to post, transmit, publish or display harmful or inappropriate content that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment.

I will not bring younger children to school during my volunteer hours.

I agree to respect the classroom teachers' and staffs' time during volunteering. For any questions or concerns related to my child, I will request a separate meeting outside of my volunteer time.

I agree to turn off my cell phone or place my cellphone on silent so as to not disrupt the school learning environment.

I agree to dress according to the Cambrian dress code.

I will maintain a drug-free workplace. Employees and volunteers are prohibited from being intoxicated or under the influence of controlled substances while volunteering; use, possession, or sale of a controlled substance in any quantity while on District premises (except medications prescribed by a physician which do not impair volunteer performance) will result in immediate dismissal.

I will not solicit or sell products, services, etc., on District property without the prior written approval of the Superintendent or his/her designee.

*My signature indicates I have read and agree to comply with the District Volunteer Code of Conduct and Volunteer responsibilities at all times or cease volunteering immediately.*

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Name of Student's Teacher

\_\_\_\_\_  
Relationship to Student/School

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*In the event of an emergency, whom should Cambrian contact:*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to you

\_\_\_\_\_  
Telephone

Medical Insurance Carrier (e.g. Blue Cross): \_\_\_\_\_

Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date