

VOLUNTEER APPLICATION

This agreement outlines the responsibilities between the Unionville-Chadds Ford School District (UCFSD) and:

Volunteer's Name: _____, ("Volunteer")

Address: _____

Phone Number: _____

List UCFSD students and school:

The term of this agreement is sixty (60) months from the date of the earliest clearance obtained, unless terminated earlier by either party.

As a volunteer in the UCFSD, I agree to the following:

1. I am 18 years of age or older.
2. I am of good moral character.
3. I understand that during the course of my volunteer service, school personnel will closely supervise me.
4. I understand that volunteer background clearances may be required, and I will provide the required clearance information prior to providing volunteer services.
5. I understand that the district may require me to complete training.
6. I understand that I am required to wear identification (provided by the UCFSD) while on school grounds.
7. I understand that in the course of volunteer service with the UCFSD, I have a responsibility to maintain the confidentiality of any employee or student information that may be available to me in any form. I understand that it is my responsibility to assure rights and confidentiality of information both written and verbal. I understand that in the performance of my duties, I am not to discuss academic or other confidential information regarding students or employees with anyone. Any breach of confidentiality will be carefully reviewed and if substantiated could result in termination of volunteer involvement with the School District, and may result in legal action.

8. I understand that although my access to student information is very limited, I shall not divulge to any person student information without the consent in writing of the student's parents/guardians and the district and that any conversations that I have with a parent/guardian or student must be held in strict confidence.
9. I understand that I must report on time to the location assigned.
10. I understand that there is no reimbursement for travel expenses and that my services are strictly voluntary and no payment will be received.
11. I understand that I will be covered by the UCFSD's general liability insurance if I am hurt while conducting my services as a volunteer.
12. I understand that I must limit any activities or contact with students to the school campus and the program for which I volunteered.
13. I understand that I must follow all school district policies as stated on the UCFSD website and any policies or procedures for the individual school building.

I understand that this agreement may be terminated by either party for any reason, without cause, in writing to the other party.

Volunteer's Signature

Date

Superintendent or Designee's Signature

Date