



Volunteer Application

Hollis, Brookline & Hollis-Brookline Cooperative School Districts

In order to volunteer for SAU 41, all Volunteers are required to complete the following application. Please be advised that certain volunteer types will be required to complete a criminal background screening. This form **MUST** be completed **30 days prior** to the initial volunteer opportunity.

Volunteer Name: _____

FULL Address: _____

Telephone Number: _____ E-Mail Address: _____

I am a:

- New Volunteer
- Returning Volunteer

Volunteer Type:

Parent/Family Member Volunteer Volunteer Athletics Coach Volunteer Co-Curricular Advisor/Coach

Other type of Volunteer. Please Specify activity: _____

In performing the specified volunteer service, I acknowledge:

- 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 annually by school year to take any required training prior to providing service;
- That my contact information may be shared with members of the Parent Run organizations under the SAU 41 umbrella.

Volunteer Signature: _____ Date: _____

PLEASE RETURN COMPLETED VOLUNTEER APPLICATION TO: volunteers@sau41.org

SAU USE ONLY	
Criminal Record Check complete: _____ <small>(DATE)</small>	Volunteer Packet returned: _____ <small>(DATE)</small>
Training complete: _____ <small>(DATE)</small>	Entered on Master List: _____ <small>(DATE)</small>
Renewal Volunteer: Yes / No	