



## **Volunteer Process and Form**

On behalf of the Governing Board and Administration of the Kyrene School District, we appreciate your interest in our District. We understand that individuals, like you, who contribute their time and talents as volunteers, significantly enhance the high quality of service we provide to students. Because of the tremendous responsibility we have to the children of our community, the following process is used to on-board all individuals who are volunteering in Kyrene schools, in-person or online.

### **Process for Volunteer – Parent or Guardian of Student attending a Kyrene School**

Time: Once per year, prior to the start of the volunteer service

Process:

- A. Complete the Volunteer Information Form
- B. If you have children attending more than one school and plan to volunteer at each, inform the school staff, who will assist in sharing the information contained on the form.
- C. If you would like to volunteer for an overnight event, refer to the process below.

Kyrene School District recognizes the role of Step-Parents and, unless notified of the contrary, will afford them the same volunteer opportunities.

### **Process for Volunteer – Non Parent/Guardian or Parent/Guardian Attending Overnight Event**

Time: Once per year, prior to the start of the volunteer service

Process:

- A. Obtain an IVP Card

Volunteers without an IVP Card have two options:

1. Contact the Principal of the school or Sponsor of the overnight activity to determine if there are school or activity funds to cover the cost (\$75) of your IVP card. Schools have limited funds available for this purpose and may choose to approve the funds based on need of the site or program.
2. Obtain an IVP card as an individual.
  - This option is viable for volunteers who may need an IVP card for other purposes or who wish to volunteer at multiple sites and/or throughout their students' school attendance;
  - The card is valid for six years and is the property of the individual.

- B. For those holding an IVP Card
  - 1. Verify that your card is still valid
- C. Take your IVP Card and another form of ID (driver's license) to the school where you will volunteer.
- D. Complete the Volunteer Information Form
- E. If you plan to volunteer at multiple sites, inform the school staff, who will assist in sharing the information contained on the form.

*Attachment – Fillable Volunteer Information Form*

**Kyrene School District**  
**VOLUNTEER INFORMATION FORM**

On behalf of the Governing Board and Administration of the Kyrene School District, we appreciate your interest in our District. We understand that individuals, like you, who contribute their time and talents as volunteers, significantly enhance the high quality of service we provide to students. Because of the tremendous responsibility we have to the children of our community, the following information is needed from individuals who are volunteering in Kyrene schools. **This information will be kept confidential by the school administration and will be retained in the office of the Principal for one school year.**

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New volunteer	Continuing volunteer
Name _____	School _____
Print last name	Print first name
Street address _____	City, State, Zip _____
Contact/Phone # _____	Teacher's name _____

***Please check and answer all that apply to you:***

**Parent or Legal Guardian**      Relationship to Kyrene student(s) \_\_\_\_\_

**NOT a Parent or Legal Guardian**      Relationship to Kyrene student(s) \_\_\_\_\_

Participating in an authorized school-sponsored **overnight** field trip

I am a **Student** Volunteer

Event(s) \_\_\_\_\_      Event date(s) \_\_\_\_\_

Classroom volunteer    DHS-licensed program volunteer    other \_\_\_\_\_  
(In-person or online)

***Acknowledgement:***

- Each school year that I volunteer:**
- I will present my valid **Fingerprint Clearance Card** issued by the AZ Department of Public Safety and a photo ID, to the school office **prior to being cleared** to volunteer in the District, if applicable.
- I acknowledge that I have received and read the Guideline for Volunteers information provided by the school:**
- I understand that all student records are confidential and I agree not to divulge student information to any party without a specific need to know, and without authorization from school or district administration.
  - I understand and agree that I will not have contact with students without direct oversight by a certified staff member.

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal/Supervisor Signature (approval)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature (approval)**

\_\_\_\_\_  
**Date**

The Kyrene School District requires volunteers to hold a valid, state-issued Fingerprint Clearance Card (FPCC). The District or its schools may refuse to allow volunteers to serve its students if they are awaiting trial or have ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the following criminal offenses in Arizona or similar offenses in another jurisdiction:

1. Sexual abuse of a minor.
2. Incest.
3. First or second-degree murder.
4. Kidnapping.
5. Arson.
6. Sexual assault.
7. Sexual exploitation of a minor.
8. Felony offenses involving contributing to the delinquency of a minor.
9. Commercial sexual exploitation of a minor.
10. Felony offenses involving sale, distribution or transportation of, offer to sell, transport, or distribute or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs.
11. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs.
12. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.
13. Burglary in the first degree.
14. Burglary in the second or third degree.
15. Aggravated or armed robbery.
16. Robbery.
17. A dangerous crime against children as defined in section 13-705.
18. Child abuse.
19. Sexual conduct with a minor.
20. Molestation of a child.
21. Manslaughter.
22. Aggravated assault.
23. Assault.
24. Exploitation of minors involving drug offenses.

\_\_\_\_\_  
Administrator Signature (clearance approval)

\_\_\_\_\_  
Date

DPS Fingerprint Clearance Card # \_\_\_\_\_

Expiration \_\_\_\_\_