

1 Great Falls School District

2
3 **PERSONNEL**

5430F

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6 **VOLUNTEER AGREEMENT FORM**
7 **COACH/HELPER/AIDE/CHAPERONE**
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9 I, _____ (the Volunteer hereby agree to serve Great Falls Public Schools on a
10 volunteer basis as a _____.

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12 Please initial next to each statement:

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14 ___ The Volunteer understands any volunteer services will not be compensated now or in the future.

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16 ___ The Volunteer has been informed and understands that volunteer services rendered do not create
17 an employee-employer relationship between the Volunteer and the District for the position stated
18 above.

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20 ___ The Volunteer understands that the District may not carry worker’s compensation insurance and
21 does not carry medical insurance for a person serving as a volunteer in the position stated above.

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23 ___ The Volunteer understands that the mutually established schedule of services for the position
24 stated above carries no obligation for either party and maybe adjusted at any time.

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26 ___ The Volunteer understands that services as a volunteer may be terminated at any time.

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28 ___ The Volunteer understands that they are under the direction of the school district at all times
29 during their service as a volunteer and must follow directives given by district employees.

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31 ___ The Volunteer understands that they are to follow all laws, policies, and rules regarding student
32 and employee confidentiality during their service as a volunteer.

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34 ___ The Volunteer understands that they are to follow district policy as well as local, state, federal
35 and other applicable law during their service as a volunteer.

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37 ___ The Volunteer understands that they are not to use alcohol, tobacco, marijuana, or other illegal
38 drugs around students at any time whether on school property or not.

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40 ___ The Volunteer understands that they are not to encourage students to violate district policy. The
41 Volunteer further understands that if they observe a student violating district policy they are to
42 report the behavior to the supervising district employee immediately.

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44 ___ The Volunteer understands that any violation of this agreement, district policy, or any local
45 state, federal or other applicable law can result in permanent termination of volunteer privileges
46 and possible legal action.

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48 ___ The Volunteer is 18 years of age or older

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50 ___ The Volunteer understands that their authorization only applies to the ___ / ___ school year.

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_____ The Volunteer understands that if the position stated above involves regular unsupervised access to students in schools they shall submit to a name-based and fingerprint criminal background investigation conducted by the appropriate law enforcement agency prior to consideration of this agreement.

I understand that should I have been found to have violated these rules, I will not be used again as a chaperone for any District-sponsored field trips or excursions and may be excluded from using District-sponsored transportation for the remainder of the field trip or excursion and that I will be responsible for my own transportation back home.

DISTRICT REPRESENTATIVE

DATE

VOLUNTEER SIGNATURE

DATE

Policy History:

- Adopted on: November 13, 2006
- Revised on: August 20, 2018
- Revised on: March 22, 2021