Wilton-Lyndeborough Cooperative School District

Volunteer Service Statement & Agreement

Date: _____

I make this **Statement** and **Agreement** in order to provide, and to be authorized to perform, the following uncompensated services to my community:

Volunteering **under the direction**
Service to be performed (Volunteering)

Of: School Principal

Between 25-26 School Year
Time Period / (Hours)

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 have acquainted myself with what is required to perform those tasks, and represent that I have the skill and ability to perform them;
- 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 the School District and SAU, 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, wanton or intentional conduct while participating in this activity.
- that I will perform the volunteer service in compliance with the standards and specifications established, or approved, by the Wilton-Lyndeborough Cooperative School District, and will honor the direction of School District officials to suspend or terminate service;
- that I may become aware of confidential information about specific students. This information may include such information as students' academic performance, behavior, disabilities and related manners. I understand and agree that I will not disclose such confidential information except to school employees who have a need to know.
- I understand I must successfully complete a full background check prior to my volunteering and that I will be responsible for any applicable fees associated. (The fee of $21.25 for the background check will be paid for by the School District.) I understand as long as I notify the Superintendent's Office on a yearly basis (in the summer) that I would like to continue providing my services, I will not be subject to an additional background check. If I fail to do so however, I will be required to start the process again which may include associated fees to the state. (To start your background check process or for additional information, contact Lori Spurrell @ the SAU Office at l.spurrell@sau63.org or (603-732-9172.)

Volunteer: _____ _____
(Print Name) (Signature)

Address: _____

Phone Number: _____Email: _____

School/s Volunteering at: _____