

GEORGE B. WEATHERBEE SCHOOL

22 MAIN ROAD NORTH, HAMPDEN, ME 04444

(207) 862-3254

(207) 862-3141 (FAX)

PRINCIPAL, MR. LINDEMANN

SCHOOL COUNSELOR, MRS. RACHEL SILKNITTER

SOCIAL WORKER, MRS. JESSICA BICKFORD



All Weatherbee Staff are committed to joining students, parents, and community in providing a safe, positive, and challenging learning environment, which enables all students to reach their individual potential.

Dear Volunteer:

Thank you for giving the children of this district your valuable time by volunteering in our school. We appreciate this effort, and we rely heavily on our volunteers to create an outstanding educational program for all our children.

It is important as a volunteer that you are aware of the regulation that must be followed in school by everyone - staff and volunteers. The Family Rights and Privacy Act (FERPA) protects the confidentiality of information about students. This act makes it very clear that academic, behavioral or any other information cannot be discussed or shared in writing without parental permission.

As a volunteer on a field trip in the classroom or on the playground you might observe or hear things about students which fall under the protection of the Family Rights and Privacy Act (FERPA). We expect that you don't or won't discuss information you may hear with any other volunteer, parent or person outside of the school. If you feel that it is necessary, you can pass the information along to the student's teacher.

We are asking you to make a copy of your driver's license. Also, we will be conducting a check of your background through the public criminal history records check.

As a school volunteer, please sign this notice to indicate you have been notified of this expectation. Again we thank you for your time and effort.

Sincerely,
Matt Lindemann

I agree to follow the above-reference guidelines pertaining to volunteering at school.

Volunteer's signature

Child's name

SCHOOL VOLUNTEER

Volunteers are valuable to our district. A volunteer is a person who works on an occasional or regular basis at school sites or other educational facilities to support the efforts of professional personnel. Such an adult volunteer worker will serve in this capacity without compensation or employee benefits of any type.

For the person who volunteers on an occasional basis, such as helping on a field trip or working in the school once a month, (a guest speaker would not be considered an occasional volunteer) the following conditions must be met:

1. Any professional desiring to have volunteers work in their program must clear the concept with the principal prior to discussing the matter with prospective individuals.
2. Any volunteer must fill out an emergency card prior to beginning volunteer activities.
3. It is essential that all volunteers be registered with the Office of the Superintendent of Schools before beginning volunteer activities.
4. All volunteers will be sufficiently trained to protect the safety of all students being placed under their care.
5. All volunteers must meet the same standards of personal appearance and conduct that is expected of all other staff.
6. The volunteer-student relationship must be maintained on a professional level and be consistent with that expected of paid staff.
7. When volunteers work directly with students, their activity must be under the direct supervision of the professional involving them in the school program or an approved designee. At no time should a volunteer be alone with a student or group of students.

For the person who volunteers on a regular basis in the classroom, school and/or at co- or extra-curricular activities, such as weekly, the following additional conditions must be met:

8. If concept approval (noted in #1 above) is given, prospective individuals must be interviewed by the principal to determine qualifications and suitability to work in the school system.
9. The volunteer will provide three references including names and address people who know most about them.
10. The volunteer will provide proof of car insurance if needed.
11. The school principal or appropriate department head will define and assign responsibilities and tasks to be performed by volunteers in the respective schools. These tasks and responsibilities will be defined in writing.
12. Volunteers will be required to provide information that will allow RSU #22 staff to carry out a Public Criminal History Records Check and a Maine Child Abuse and Neglect Records Check.

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The information will be obtained when a student moves through the school grade configuration.
(*e.g.* one time for K-4 at Leroy H. Smith Elementary School; conducted again when entering Samuel L. Wagner Middle School at Grade 5)

Endorsed: RSU #22 Board of Directors, February 3, 2010; updated January, 2018; February 12, 2019

SCHOOL VOLUNTEER

RSU #22
Registration of School Volunteer

Copy of Drivers License: _____

VOLUNTEER'S NAME: _____

Address: _____

Telephone: _____

Email: _____

School Volunteering at: _____

Education Background: _____

Previous volunteer experience: _____

Description of volunteer activities to be involved in: _____

Staff person supervising the volunteer: _____

Date of overview with school principal: _____

I wish to be involved as a school volunteer in the Schools of RSU #22. I understand that information regarding students is confidential and should only be discussed with school staff. I understand my volunteer responsibilities as they have been outlined in writing for me. I give of my time freely, and request no compensation from RSU #22. I understand that I am not covered by Workers' Compensation Insurance because I am a volunteer not an employee.

VOLUNTEER'S SIGNATURE: _____

DATE: _____

References:

Name:

Address:

1. _____

2. _____

3. _____

VOLUNTEER EMERGENCY SHEET

Answering any health question is optional and will only be used by the nurse or administrator for volunteer safety in an emergency situation.

NAME: _____ DATE: _____

BIRTH DATE: _____ SCHOOL: _____

PLEASE LIST TWO PERSONS THAT SHOULD BE NOTIFIED IN CASE OF A MEDICAL EMERGENCY:

1. Name: _____ Home Telephone: _____

Work Phone: _____ Pager: _____ Cell Phone: _____

2. Name: _____ Home Telephone: _____

Work Phone: _____ Pager: _____ Cell Phone: _____

FAMILY DOCTOR: _____ TELEPHONE: _____

HOSPITAL PREFERENCE: _____

THE FOLLOWING TO BE FILLED OUT AT YOUR DISCRETION.

PLEASE LIST ANY MEDICAL CONDITIONS YOU HAVE (especially diabetes, seizures, asthma, heart conditions or bleeding disorders): _____

PLEASE LIST ANY MEDICATIONS YOU ARE TAKING: _____

PLEASE LIST ANY ALLERGIES THAT YOU HAVE: _____
