



VOLUNTEER AGREEMENT

1. Confidentiality Agreement

As a volunteer, you may have access to "educational data" which is protected under the Family Educational Rights and Privacy Act (FERPA) and the Minnesota Government Data Practices Act.

- **Non-Disclosure:** I agree to keep all student information strictly confidential. This includes, but is not limited to: academic performance, behavior, disability status, and personal/family information.
- **No Photography/Social Media:** I will not take photos or videos of students, nor will I post any student-identifying information on personal or group social media accounts.
- **Reporting:** If I become aware of information that may impact a student's safety, I will report it immediately to a staff member or administrator.

2. Waiver of Liability & Release

In consideration of being permitted to volunteer for Watertown-Mayer Public Schools, I hereby agree to the following:

- **Assumption of Risk:** I understand that volunteering may involve certain risks. I voluntarily assume all risks of personal injury or property damage arising out of my volunteer activities.
- **Release of Liability:** I hereby release, waive, and discharge Watertown-Mayer Public Schools, its Board of Education, employees, and agents from any and all liability, claims, or causes of action arising out of or related to my service, including any injury, loss, or damage that may occur in connection with my service.
- **Insurance:** I understand that as a volunteer, I am not an employee of the District. I am not entitled to workers' compensation benefits and am responsible for my own medical insurance.

3. Standards of Conduct

- I agree to follow all [District policies](#), including the Tobacco-Free and Drug-Free workplace policies and the Acceptable Use Policy.
- I understand that I am subject to a criminal background check as required by District policy and agree to pay for the background study.
- I will sign in and out at the school office and wear a visitor/volunteer badge at all times.

Volunteer Acknowledgment I have read and understood the terms of this agreement. I agree to abide by these policies to support a safe and professional environment for the students of Watertown-Mayer Public Schools.

Printed Name

Signature

Date

Emergency Contact (Name, Relationship and Phone #): _____