



TIER 1 VOLUNTEER APPLICATION

Directly Supervised School Support | 2026-27

SERVING SCHOOLS • SUPPORTING STUDENTS • STRENGTHENING COMMUNITY

Higley Unified School District | 2935 S. Recker Road, Gilbert, AZ 85295 | 480.279.7000



Welcome

Thank you for your interest in supporting HUSD students and schools. Tier 1 volunteers assist with school-based activities while under the direct supervision of an HUSD employee. This level is intended for parents or guardians volunteering in their own child's classroom and for community members whose assignments do not involve direct or unsupervised interaction with students.

Submit the completed packet to the front office of the school where you wish to volunteer. The school reviews and approves Tier 1 applications.

Examples of Tier 1 Support

- Making copies or preparing materials
- Classroom or event setup
- Organizing supplies
- Supporting community breakfasts, pep rallies, book fairs, or other campus events
- Other staff-directed site support

Important Requirements

- Remain under direct supervision of an HUSD employee whenever students are present.
- Sign in and wear identification each time you volunteer.
- Follow the Volunteer Standards & Expectations and Confidentiality Agreement in this packet.
- Approval is specific to the school and does not guarantee assignment or selection for an event.
- This application is retained by the school for one year. A new application is required each year or when directed by the school.



Applicant Information

Full Legal Name	Preferred Name
Street Address	City, State, ZIP
Email Address	Primary Phone
Emergency Contact Name	Emergency Contact Phone
Relationship to Emergency Contact	Relationship to Student

School and Volunteer Assignment

School	Student Name, if applicable
Student Grade	Student's Teacher
Supervising Teacher/Staff Member	Volunteer Assignment (classroom, activity, assistance, etc.)



Volunteer Standards & Expectations

Campus Procedures

- Sign in at the front office or designated Raptor station upon arrival.
- Present valid identification when requested.
- Wear the issued visitor or volunteer identification so it remains visible.
- Report to the assigned staff member and remain only in approved areas.
- Follow all emergency, safety, health, and site procedures.

Student Safety and Supervision

- Remain within the scope of the approved assignment.
- Do not be alone with an individual student unless the volunteer level, assignment, and District procedure specifically authorize it. Tier 1 and student volunteers must never be alone with students.
- Do not use corporal punishment, physical discipline, threats, intimidation, or humiliating practices.
- Do not administer medication or provide medical treatment unless specifically authorized by District procedure and the individual is appropriately qualified.
- Immediately report injuries, hazards, unsafe conduct, or concerns to the supervising staff member or administrator.

Professional Boundaries

- Maintain respectful, age-appropriate, and professional interactions.
- Do not initiate private or personal communication with students through personal phone numbers, email, social media, messaging applications, or gaming platforms.
- Do not meet or communicate with students outside approved school activities without parent/guardian and administrative involvement.
- Do not exchange home addresses, private contact information, gifts, or money with students unless specifically approved as part of an authorized program.
- Do not transport students unless specifically authorized in writing and all District transportation requirements have been met.

Confidentiality and Student Privacy

- Treat student records, grades, services, behavior, medical information, family information, and other personally identifiable information as confidential.
- Access information only when needed for the assigned volunteer role and only as directed by staff.
- Do not discuss students in public areas, with other families, or on social media.
- Do not photograph, record, publish, or share student images or information unless specifically authorized by the District.
- Return or securely dispose of all materials as directed by the supervising staff member.



Professional Conduct

- Use respectful language and maintain attire appropriate to the assignment and school setting.
- Do not report to a school or event while impaired by alcohol, cannabis, illegal drugs, or medication that prevents safe performance.
- Do not possess alcohol, tobacco, vaping products, illegal drugs, or weapons on District property, volunteer locations, or at school-sponsored activities.
- Do not engage in discrimination, harassment, retaliation, hazing, bullying, or conduct that interferes with school operations.
- Use District property, technology, and resources only for approved purposes.

Reporting Student Safety Concerns

Volunteers must act immediately when they become aware of a concern involving student safety, abuse, neglect, exploitation, threats, harassment, or other potentially unlawful conduct.

1. Ensure immediate safety. Contact 911 or the school administration in an emergency or when there is imminent danger.
2. Do not investigate, interview the student in detail, confront the alleged offender, or promise confidentiality.
3. Immediately make any report required by A.R.S. § 13-3620 to the appropriate law-enforcement or child-safety authority and notify the school administrator that a report or concern exists.
4. Share information only with those responsible for responding to the concern.

Eligibility Disclosure

The following information is used to evaluate volunteer eligibility and student safety. A “yes” response does not necessarily result in automatic denial. The school may request additional information.

☐ **Yes** ☐ **No** Are you currently awaiting trial for a criminal offense?

☐ **Yes** ☐ **No** Have you been convicted of or admitted committing an offense involving violence, abuse, sexual misconduct, exploitation of a minor, drugs, weapons, theft, or another offense that may affect student safety?

☐ **Yes** ☐ **No** Have you ever had volunteer, employment, coaching, or youth-service privileges denied, suspended, or revoked for conduct involving safety, boundaries, dishonesty, harassment, or misconduct?

☐ **Yes** ☐ **No** Is there any other circumstance that could affect your ability to safely and appropriately volunteer with students?

If you answered yes, attach or provide an explanation: _____

All Tier 1 volunteers must check in at the front office with a valid ID using Raptor’s visitor management system.



Volunteer Standards & Confidentiality Agreement

- ☐ I will sign in, present identification when requested, wear volunteer identification, and remain only in approved areas.
- ☐ I will follow the directions of the supervising HUSD employee and remain under direct supervision whenever students are present.
- ☐ I will not be alone with a student, transport students, administer medication, or use physical discipline.
- ☐ I will maintain professional boundaries and will not communicate privately with students through personal phone, email, social media, messaging, or gaming accounts.
- ☐ I will keep student records and information confidential and will not photograph, record, publish, or share student information without District authorization.
- ☐ I will immediately report injuries, hazards, suspected abuse or neglect, harassment, threats, or other safety concerns as required by law and District procedure. I will not investigate the concern myself.
- ☐ I will not possess or use alcohol, tobacco, vaping products, illegal drugs, or weapons at any time while volunteering or participating in district events.
- ☐ I will not engage in discrimination, harassment, retaliation, hazing, bullying, or conduct that interferes with school operations.
- ☐ I will notify the principal if I am arrested, charged with a criminal offense, or experience another circumstance that may affect volunteer eligibility.
- ☐ I understand HUSD may deny, limit, suspend, or revoke volunteer privileges at any time and that volunteer service does not create an employment relationship.

Applicant Certification

I certify that the information provided in this application is true and complete. I have reviewed the HUSD Volunteer Standards & Expectations and agree to comply with all applicable laws, HUSD Governing Board policies, school procedures, and staff directions. I understand that inaccurate or omitted information may result in denial or revocation of volunteer privileges.

Applicant Signature

Date

Printed Name



For School Use Only

Application Received By	Date Received
Supervising Staff Member(s)	Volunteer Assignment
Approval Start Date	Approval End Date
Administrator Name	Administrator Title

Decision: ☐ Approved ☐ Not approved

Administrator Signature	Date
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Retain the complete packet at the school site for one year following the school year of volunteering