



➤ **2017-2018** ◀
VOLUNTEER “RENEWAL” FORM

Name: _____

Address: _____

Phone: (Home) _____

(Work/Cell) _____

E-mail: _____

Building(s) / Organization (s): _____

Note that **all** Athletic Volunteers require Board approval. Please contact the Athletic Office for the necessary forms.

Signature: _____ Date: _____

OFFICE USE ONLY

Forms Completed

Clearances on File

Badge Issued _____

Date / Initials

Disclosure Form Distributed _____

Date / Initials

VOLUNTEER AGREEMENT

In consideration of being allowed to act as a Volunteer at no cost to the South Western School District, whereby my child and/or other children may enhance their education, I do hereby release and forever discharge the South Western School District, its Board of Directors and all other volunteers, all employees and agents of the School District, and all learners of the South Western School District from any and all claims, demands, actions, causes of action and suits at law or equity arising out of or in any way connected with the Volunteer Program of the South Western School District and my presence in or on School District property.

I further agree that I enter this Volunteer Program of my own free will, to serve without pay, understanding that I am not an employee or agent of South Western School District and therefore I am not covered by any of its insurance programs or policies.

I agree that a recommendation from the building principal may be required and that my acceptance as a volunteer is subject to the approval of the Superintendent.

I agree to perform the duties assigned to me in accordance with District policies and procedures as outlined in the Volunteer Manual.

I agree to conduct myself in a professional manner, to promote the education and interest of the learners and the reputation of the South Western School District.

I agree to a volunteer term of no more than one school year. I understand that I must re-register as a volunteer with South Western School District for each subsequent school year.

I understand and acknowledge that I am a mandated reporter within the meaning of the Child Protective Services Law. I understand that I am required by law to report instances of suspected child abuse. I have reviewed and understand District Policy 806, Child/Student Abuse, and understand that free online training is available from the Child Welfare Resource Center at KeepKidsSafe.Pa.gov. I understand the District has strongly encouraged me to participate in a mandated reporter training course. I acknowledge and agree that I will comply with Policy 806 and immediately report suspected child abuse as required by law.

Additionally, I acknowledge and agree that I will comply with District Policy 916, Volunteers.

This release and indemnity is given voluntarily and knowingly with full understanding of its meaning and with my full consent to be legally bound hereby.

Your signature below indicates that you have read and understand the Volunteer Manual, Volunteer Agreement, Policy 806, Policy 916, and agree with the terms & conditions.

Name (please print) _____

Signature: _____

Date: _____

VOLUNTEER DISCLOSURE SHEET

In accordance with Policy 916, all volunteers must have a disclosure sheet on file in the building where services are provided. Please complete the following information, and return it to the Administration Office. Copies will be distributed to the appropriate building(s).

Name (please print): _____

Address: _____

Description volunteer services: _____

Building(s) of volunteer services: _____

Building Administrator Signature: _____

Date: _____

As a school volunteer you may become aware of information about students and their families, which is confidential. This can include grades, performance, skill levels, and other information shared in the classroom. It is imperative that this information remains strictly in the classroom. I agree that confidentiality of student information is critical and shall protect such information should I become aware of it.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for disqualification under the Child Protective Services Law, or am named a perpetrator in a founded or indicated report, I must provide the District with written notice no later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the statewide database.

I understand the procedures and responsibilities as outlined in the volunteer manual, and I agree to abide by them.

I have received, reviewed and understand the South Western School District Volunteer Policy 916.

I have reviewed Policy 806, Child Abuse, and I understand I am a mandated reporter of Child Abuse. I will comply with the reporting obligations as outlined in Policy 806.

Volunteer Signature

Date