



VOLUNTEER AGREEMENT

Thank you for offering to serve as a Volunteer for the Chickasha School District ("School District")! The purpose of this Volunteer Agreement is to establish expectations for Volunteers, which will help ensure that effective learning and teaching take place in a safe, secure and welcoming environment.

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 the professional staff.

As a Volunteer for the School District, I understand and agree to the following:

- ❖ I will receive authorization from the School District Principal/Administrator prior to providing service as a Volunteer.
- ❖ At all times, I will serve under the direct supervision of a School District staff member.
- ❖ I understand that the District reserves the right to decline my volunteer service at any time.
- ❖ I understand that I must follow all Board of Education policies, particularly those applicable to Volunteers as well as School District and building regulations, goals, priorities and guidelines.
- ❖ I understand that I am expected to be familiar with the school building's evacuation and lockdown procedures.
- ❖ **Confidential Information** - I may, under limited circumstances, have access to student education records in connection with my service as a Volunteer. Student education records include all names, addresses, records, files, documents, and other materials that contain personally identifiable information on any student, as well as the personally identifiable information itself (including student grades and test scores). I agree to maintain the confidentiality of all student education records that I may generate or to which I may be given access as a Volunteer. This means that I agree not to disclose student education records or personally identifiable student information in such records to any person other than the school administrator(s) with whom I am working. Should I inadvertently acquire any confidential information concerning students or staff through the use of district technology, I understand the access of such information must be reported immediately to a district administrator. I will never take any confidential student records off campus unless specifically authorized by the school administrator(s) with whom I am working. I understand and agree that my failure to maintain the confidentiality of all student education records to which I may be given access may disqualify me from further service as a Volunteer in the School District.
- ❖ **Communications and relations with staff are expected to conform to the following District norms:**
 - Treat others the way you wish to be treated:**
 - Use "I" messages.
 - Respect others' feelings.
 - Use honesty with tact.
 - Speak well of one another and intentionally look for ways to encourage each other and when the need arises to address an issue:
 - Go directly to the person with whom you have the issue:**
 - Respect the need for an appropriate time and place.
 - "May I make an appointment?"
 - "Is this a good time?"
 - "I'd like to check something out with you; when can we get together?" Address the issue, not the person.
 - Ask questions in a nonjudgmental way to "check things out."
 - "Can you help me understand?"
 - Be specific about the issue.
 - Disagree in a spirit of honest debate that respects our diversity.
- ❖ I will not receive any compensation or remuneration from the school, the School District, a parent or any fundraising organization for performing volunteer service.

- ❖ I will conduct myself in a friendly, courteous manner and not show partiality toward any student nor share my personal religious or political beliefs.
- ❖ I will refer any potential student disciplinary issue to a supervising staff member or the Principal/Administrator.
- ❖ While serving as a Volunteer, I will wear my visitor badge.
- ❖ I understand that I am expected to make every reasonable effort to ensure that the School District's technology resources are used appropriately and responsibly.
- ❖ I understand that it is my responsibility to inform the Principal/Administrator of any health or medical issue that may impact my services as a Volunteer.
- ❖ I understand that as a Volunteer I am covered by the School District's liability insurance as long as I follow Volunteer protocol and I immediately notify the Principal/Administrator of any occurrence that may result in a claim.
- ❖ I understand that I am not authorized to drive School District vehicles or to transport children, staff or school guests in my own vehicle (unless I have complied with the requirements of Board Policy).
- ❖ I understand and agree that any injury I may sustain while performing service as a Volunteer will not be covered by the School District's Workers' Compensation insurance and will be my responsibility.
- ❖ I affirm that I have not been convicted in the State of Oklahoma, the United States, or any other state of 1) any felony offense within the last ten (10) years, unless I have received a presidential or gubernatorial pardon, or 2) any sex offense subject to a Sex Offenders Registration Act, or 3) any offense subject to the Mary Rippy Violent Crime Registration Act.
- ❖ **Background Checks** - I understand that prior to serving as a Volunteer or at any time during my service as a Volunteer, the School District may conduct a background check on me for any reason. This background check may include obtaining a report from a reporting agency that may include information concerning my criminal history. By providing the information requested and signing below, I consent to the District conducting a background check.

_____ Male ____ / Female ____
 Name (*please print*) Date of Birth

_____ Date
 Signature

_____ Home Email Address
 Home Address

_____ Social Security Number
 Driver's License Number

Emergency contact (name and phone no.): _____

Have you ever been charged with, arrested for, convicted of, pled nolo contendere to, or received a deferred sentence or deferred prosecution for a felony or a misdemeanor crime? If yes, please describe.

FOR OFFICE USE:

_____ Date
 Signature of Principal/Administrator

Volunteer Event/Assignment: _____

_____ Initial/Date of Check
 Check State Sex Offender Website:

Must be approved by Superintendent prior to volunteer helping with event/assignment

_____ Date
 Signature of Superintendent