



VOLUNTEER APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ EMERGENCY CONTACT: _____ PHONE #: _____

SCHOOL: _____ ACTIVITY YOU ARE VOLUNTEERING FOR: _____

Name(s) of your child/children and school(s) they attend: _____

Names of teacher(s), staff, or student group(s) you are assisting: _____

Have you ever been convicted, charged, or plead guilty to a felony, misdemeanor, or local ordinance violation?
YES _____ NO _____ If yes, please attach a separate sheet with details.

Have you ever had a finding of probable cause of child abuse by any state agency entered against you?
YES _____ NO _____ If yes, please attach a separate sheet with details.

Signature

Date

For Office Use Only

Completed by Principal:

Screened Volunteer: Yes _____ No _____ Principal Initials: _____ (If yes, please send to HR for approval)

Completed in Human Resources Before Fingerprinting:

By signing, I acknowledge that I have received fingerprinting information, including a Privacy Act Statement, from the district.

Educator Signature

Date

Background Checks Approved by Human Resources:

FBI Fingerprinting: Date ____/____/____ Initials: _____

CaseNet Search: Date ____/____/____ Initials: _____

Child Abuse/Neglect: Date ____/____/____ Initials: _____

Sex Offender Registry: Date ____/____/____ Initials: _____



FOX C-6 SCHOOL DISTRICT VOLUNTEER RULES

1. Volunteer must follow the same dress code applicable to students.
2. Volunteer will not lend money or bring gifts other than stickers and greeting cards to individual students unless authorized by the building principal or designee.
3. Volunteer will not transport students.
4. Volunteer will keep all information obtained from a student's education record confidential.
5. Volunteer will not photograph or videotape students unless authorized by the building principal or designee.
6. Volunteer will not date students, have sexual relationships with students or arrange to meet students outside the regular school day or during school-sponsored events or activities.
7. Volunteer will not dress students, change diapers, provide personal hygiene assistance or supply medication to students.
8. Volunteer will use universal precautions to avoid contact with body fluids.
9. Volunteer will review district policies and procedures on computer use on the district's website and will sign an authorized user form prior to having access to district's computers. (Policy EHB, Procedure EHB-AP1, and Form EHB-AF4)
10. Volunteer will not discriminate against or harass any person and will report all harassment or discrimination observed, in accordance with district policy.
11. Volunteer will not search students or student property.
12. Volunteer will not direct a student to remove an emblem, insignia or garment, including a religious emblem, insignia or garment. If the Volunteer believes a student's clothing is disruptive or promotes disruptive behavior, the volunteer will contact a staff member immediately.
13. Volunteer must sign in and out of the office when entering or leaving the school and must document the hours in the school.
14. Volunteers will abide by all District policies regarding the use of drugs, alcohol, and tobacco products.
15. Volunteer must report suspected cases of abuse or neglect to the building principal.
16. Volunteer will follow all the policies, procedures and other rules established in the district and all applicable laws.

Signature

Date

TECHNOLOGY USAGE
(External User Technology Agreement)

I have read the Fox C-6 School District Technology Usage policy and procedure and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action taken against me including, but not limited to, suspension or revocation of my access to district technology.

I understand that my use of the district's technology resources is not private and that the school district may monitor my electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my electronic communications using district technology resources as well as downloaded material and all data I store on the district's technology resources, including deleted files, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I understand I am responsible for any unauthorized costs arising from my use of the district's technology resources. I understand that I am responsible for any damages to district technology due to my negligent or intentional misuse of the district's technology resources. I understand that this form will be effective for the duration of my association with the district unless changed or revoked by the district or me.

Signature of External User

Date

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: August 23, 2018

Revised:

COMPLETE THIS APPLICATION AND RETURN TO BUILDING PRINCIPAL