

Volunteer Checklist/Agreement

The district recognizes the valuable contribution made to the total school program through the volunteer assistance of parents and other citizens. We thank you for your assistance and support. To safeguard students and student records it is necessary that all volunteers be screened and trained regarding their involvement with students and school activities. Staff and volunteers should allow a minimum of forty-eight (48) hours after all forms have been completed and submitted for a volunteer applicant to receive clearance to begin serving as a volunteer. We thank you for your understanding of the need for these safeguards. Please read and check each of the statements below.

_____ Complete the Issaquah School District Volunteer Request for Background Information form (please see reverse side of this form).

_____ Complete the Washington State Patrol Request for Criminal History Information form (Sections C and D) and return to the school secretary. This form is good for two years. If you have completed this form for another school or group, you may provide us with a copy for our file.

Your signature below indicates your agreement to abide by all of the following expectations and that you have completed the above forms prior to providing volunteer services.

Role and Expectations

_____ Volunteers serve as helpers. I understand that all volunteer activities are to be conducted under the supervision of district staff, and that all instructional service is to be rendered under the control and supervision of certificated staff.

_____ Staff members will determine and notify volunteers if any specific training or direction is required before assisting with an activity. I will confirm assigned responsibilities and expectations with the supervising staff member before beginning any activity.

_____ Student problems which arise, whether of an instructional, medical, behavioral or operational nature shall be referred to a regular staff member for final resolution.

_____ I will follow the building's procedures for signing in and out each and every time I volunteer at the school.

_____ I will wear an identification badge/tag/pin as required by the school.

_____ I understand that I am required to follow all district policies and procedures. I understand that failure to follow district policy and procedures, or any part of this Agreement, may result in my volunteer status being revoked and could in some cases subject me to legal liability.

Use of District Technology

_____ I will not use computer systems, logins, or accounts that have been assigned to someone else. If authorized to use a district computer I will sign and abide by the district technology User Agreement.

Confidentiality

_____ I understand that volunteers shall not discuss the performance, actions, or any other information about any student except with the student's teacher, school counselor or principal. This is not only district policy but is also mandated by federal statute, The Family Educational Rights and Privacy Act, 34 CFR Part 99. I understand that confidentiality pertains to both written records and verbal statements.

Name of Volunteer – Please Print

Children's Names - if Current ISD Students

Signature of Volunteer

Date