

TAYLOR COUNTY SCHOOLS VOLUNTEER APPLICATION

Name: _____ Date: _____

Alias (Maiden/Previous Marriages): _____ Date of Birth: ___/___/___

Street Address/ P.O. Box: _____

City, State, Zip Code: _____

SS#: _____ Home Phone #: _____

Name of Child(ren) – (First, Middle, Last)

Grade Level/Teacher

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

Volunteer Opportunities

I would like to: (Please check all areas you would be interested in participating)

- | | |
|---|--|
| <input type="checkbox"/> Assist in the classroom | <input type="checkbox"/> Help with clerical chores |
| <input type="checkbox"/> Work with small groups of children | <input type="checkbox"/> Prepare instructional materials |
| <input type="checkbox"/> Work with an individual child | <input type="checkbox"/> Work with non-English speaking student |
| <input type="checkbox"/> Work in the library | <input type="checkbox"/> Speak to classes on job/hobby specialties |
| <input type="checkbox"/> Assist in playground supervision | <input type="checkbox"/> Field Trips ONLY |
| <input type="checkbox"/> Make posters and displays | Other interest: _____ |

Days I will be able to help: MON__ TUES__ WED __ THUR __ FRI __

Conditions of Commitment

As a volunteer, I agree to:

- Submit to periodical criminal records check
- Abide by my signed confidentiality agreement
- Abide by all school rules and Board of Education regulations and policies that apply to me
- Sign-in and honor my commitment to work as scheduled

Signature _____

Date _____

VOLUNTEER – CONFIDENTIALITY AGREEMENT

I, _____, do hereby agree to maintain total verbal and written confidentiality on all information concerning any employee or student enrolled in the Taylor County School District. This includes information on students that I assist and information that I may overhear or see while volunteering.

I understand that written permission from the parent/guardian of the child is required prior to releasing information regarding their child and/or family, and that all confidential records/information must be guarded from public access and unauthorized scrutiny. Failure to maintain confidentiality may result in the loss of my volunteer privileges.

Volunteer Signature

Date