



as a volunteer!

SeDoMoCha Volunteer Application

Thank you for your interest in sharing your time, talents, and experience with our schools. Volunteers make a difference and provide many positive contributions to our schools.

Personal Information

Please provide the following information to help us coordinate volunteer services and ensure student and staff safety.

First Name (Given Name): _____ **Middle Name:** _____ **Last Name:** _____
Maiden Name: _____ **Previous Name(s):** _____
Date of Birth: / / **Driver's License #:** _____
Home Address: _____
Mailing Address: _____
Home Phone: _____ **Cell Phone:** _____ **Email:** _____
Person to be notified in case of emergency: _____ **Phone:** _____

Please list the names, grades, and teachers of your children for volunteer coordination between schools:

Name	Grade	Teacher

AVAILABILITY

Days Available: _____

Times Available: _____

Please check which type of schedule you would prefer:

- Regular time each week
- Regular time every other week
- Chair/Co-Chair an event
- Occasional assistance
- Work from home

The following activities are on a regular, occasional, or as requested basis. Please check activities of interest.

- Bulletin Boards
- Math Team
- Fundraiser
- Civil Rights Team
- Field Trip Chaperone
- Career Day
- Art Displays/Projects
- Yearbook
- Book Fairs
- Student Council
- Grade Level Events
- Classroom Assistance
- Athletic Activities
- Music

SeDoMoCha Volunteer Agreement

I understand that Regional School Unit No. 68 performs reference and criminal records checks on all volunteers and I authorize persons and entities contacted by Regional School Unit No. 68 in connection with this application to provide information about me. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against Regional School Unit No. 68, its agents and officials or against any provider of such information. I further understand that if I am approved as a volunteer, that I will be required to review a Volunteer Handbook.

I understand that as a volunteer in Regional School Unit No. 68 that ALL student and staff information is confidential. I agree not to access, review, disclose or use confidential student or staff information without specific authorization from a school administrator. I also understand that even when I am no longer a volunteer in the schools, any confidential information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in my immediate termination as a volunteer and may result in legal action against me.

I understand that I must comply with all Board policies and school rules applicable to school staff as well as all directions from school administrators and staff while serving as a volunteer. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the superintendent and/or school principal at any time if they determine it is in the best interests of Regional School Unit No. 68.

Signature of Volunteer Applicant

Date

Printed Name

Completed applications should be returned to the school office



THANK YOU FOR OFFERING YOUR TIME AS A VOLUNTEER