



ASHWAUBENON SCHOOL DISTRICT

1055 Griffiths Lane
Green Bay, WI 54304

VOLUNTEER AGREEMENT

Print Name _____ **Middle Init.** _____
Address _____
City / State _____ **Zip Code** _____
Phone _____ **Drivers License #** _____
Date of Birth _____

Name of student(s) volunteering for (optional):	Grade
1. _____	_____
2. _____	_____
3. _____	_____

I, _____, understand and agree that my involvement as a volunteer with the Ashwaubenon School District is performed with and under the following provisions:

1. My services as a volunteer are at the request, knowledge and control of the Ashwaubenon School District through its administrators or teaching staff.
2. I will not be paid any salary or stipend for my services.
3. I will not be eligible for or request any benefits for my services.
4. I will be covered by Ashwaubenon School District liability insurance.
5. If any part of my volunteer activities involve my transporting students by car, I must receive written authorization from an administrator or school district employee prior to providing such a service and must complete the appropriate school district form relating to the use of a car, its condition and minimum required insurance coverage.
6. I will familiarize myself with and adhere to all policies and procedures established by the Ashwaubenon Board of Education and administrative staff.
7. I am aware that the School District may do both a criminal and/or noncriminal background check.
8. Information that I may learn about other children or their families in my role as a volunteer must be kept confidential. If I have concerns about anything that occurs during the time I am serving as a volunteer, I will bring them to the attention of the classroom teacher or the person supervising the activity.

I understand any false statements or misrepresentation of facts are grounds for dismissal. I hereby certify that the statements above are true and correct to the best of my knowledge and belief.

Signature

Date

Activity/School

Administrator's Signature