## ASHWAUBENON SCHOOL DISTRICT

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1055 Griffiths Lane Green Bay, WI 54304

## **VOLUNTEER AGREEMENT**

Print Name		Middle Initial	
Address	3		
City / State		Zip Code	
		ers License #	
Date of 1	Birth		
	f student(s) volunteering for:	Grade:	
2			
3			
I,volunteer	with the Ashwaubenon School District is p	, understand and agree that my involvement as a erformed with and under the following provisions:	
1.	My services as a volunteer are at the requ District through its administrators or teac	uest, knowledge and control of the Ashwaubenon School ching staff.	
2.	I will not be paid any salary or stipend for	or my services.	
3.	I will not be eligible for or request any be	enefits for my services.	
4.	I will be covered by Ashwaubenon School	ol 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 Ashwaubenon Board of Education and ad	to all policies and procedures established by the dministrative 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 <u>confidential</u> . 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.		
	and any false statements or misrepresentation ts above are true and correct to the best of m	n of facts are grounds for dismissal. I hereby certify that the sy knowledge and belief.	
Signature		Date	
Activity/School		Administrator's Signature	

Original: School File Copy: Volunteer Revised 8/07