RVSD Volunteer Application

This application must be completed if you wish to be a Volunteer, be a Field Trip Driver, and/or be an Overnight Field Trip Chaperone. Please check each box below for the kind of volunteering you are interested in and refer to the Volunteer Information cover sheet as to the forms and documentation that are required.

☐ **Volunteer**: Volunteer Application, TB Risk Assessment Form, proof of COVID-19 vaccination or completed COVID-19 Vaccination Status Form.

☐ **Field Trip Driver**: Volunteer Application, TB Risk Assessment Form, proof of COVID-19 vaccination or completed COVID-19 Vaccination Status Form, Field Trip Driver Form and Proof of Insurance

☐ **Overnight Field Trip Chaperone**: Volunteer Application, TB Risk Assessment Form, proof of COVID-19 vaccination or completed COVID-19 Vaccination Status Form, and Fingerprint Clearance

Name: _____
Last Name First Name MI

Address: _____
Street City Zip Code Telephone Number

Student Name:_____ Relationship to Student: _____Teacher:_____

Student Name:_____ Relationship to Student: _____Teacher:_____

Student Name:_____ Relationship to Student: _____Teacher:_____

Volunteer Conditions and Confidentiality *(please read and initial)*

	Have you ever been convicted of a crime other than a minor traffic violation? ☐ **Yes** ☐ **No** If yes, please explain: _____
	All student information should be treated confidentially. I am required to maintain confidential all information that I may obtain directly or indirectly regarding pupils/parents/staff.
	Any information learned from a student should be held in strict confidence except if student confides he/she is the victim of abuse and/or involved in any illegal activity
	I am to conduct myself in a manner that will not be distracting from the educational process.
	As a matter of safety, I will not bring siblings and/or children not enrolled in the classroom during any volunteer hours (i.e. class parties, field trips, etc.).
	All accidents/injuries must be reported immediately to the Principal or Principal's Designee
	School staff is responsible for discipline and grading will be handled by the student's teacher.
	I will sign in and out at the school office and wear a school visitor badge at all times while volunteering.
	While volunteering, I will not bring, distribute or consume any prohibited substances (i.e. tobacco, alcoholic beverages, marijuana, etc).
	I understand I may be held personally responsible for any act that could be considered gross negligence in the performance of my responsibilities.
	I will review the School COVID-19 Safety Plan.
	I will adhere to all health and safety guidelines (requirements and recommendations) to prevent the spread of COVID-19 including not volunteering if I am exhibiting any symptoms of COVID-19.
	If I am unvaccinated (ie. not vaccinated, partially vaccinated, or decline to state), I agree to get a weekly COVID-19 test and will provide the test result to the school office each week.

I have read and understand each of the above conditions and I agree to abide by them. Consistent with applicable law and District Policy, the District shall not authorize any registered sex offenders to volunteer in classrooms and, drive and/or chaperone students on field trips.

_____ _____ _____
Print Name **Signature** **Date**