

# Loudonville-Perrysville School Volunteer Form

Thank you for serving as a volunteer in the Loudonville-Perrysville EVSD

\_\_\_\_\_  
Volunteer's name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Type of Volunteer Work

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Teacher/ Program

\_\_\_\_\_  
School Building

## **NOTIFICATIONS – 4120.09 - Volunteers**

The Superintendent is to inform each volunteer that s/he:

- A. is required to abide by all Board policies and District guidelines while on duty as a volunteer (including, but not limited to, the volunteer's obligation to keep confidential and not release or permit access to any and all student personally identifiable information to which s/he is exposed except as authorized by law);
- B. will be covered under the District's liability policy but the District cannot provide any type of health insurance to cover illness or accident incurred while serving as a volunteer, nor is the person eligible for workers' compensation;
- C. will be asked to sign a form releasing the District of any obligation should the volunteer become ill or receive an injury as a result of his/her volunteer services.
- D. may not accept compensation from any third party or source, including, but not limited to booster, parent or other District support organizations, for the performance of his/her official duties as a volunteer on behalf of the Board.

Furthermore, the Superintendent shall inform all volunteers who work or apply to work unsupervised with children on a regular basis of the need to display appropriate behavior at all times, and that they may be required to provide a set of fingerprints at any time so that a criminal records check can be conducted. If a criminal records check is then conducted, it will be done as a condition of continued service as a volunteer and will be at the volunteer's expense.

If appropriate please complete the Field Trip Chaperone Form on the reverse side

# Loudonville-Perrysville Field Trip Chaperone

Thank you for serving as a chaperone in the Loudonville-Perrysville EVSD

\_\_\_\_\_  
Volunteer's Name

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Emergency Contact Person

\_\_\_\_\_  
Phone #

As a chaperone on a Loudonville-Perrysville School field trip:

- 👍 I will not take any other family members or friends on the field trip.
- 👍 I will ride the bus to and from the field trip destination.
- 👍 I will abide by all the rules the classroom teacher or teachers give to me either verbally or in writing.
- 👍 I will keep constant supervision all day on the students I am assigned to.
- 👍 I will sign this form and promptly return it to the school office.

I agree to follow the above requirements.

\_\_\_\_\_  
Chaperone's Signature

\_\_\_\_\_  
Date

I have completed the Volunteer Release Form on the other side of this form.