



EAU CLAIRE
AREA SCHOOL DISTRICT

SCHOOL VOLUNTEER AGREEMENT

Thank you for offering to serve as a Volunteer for the Eau Claire Area School District! Volunteers truly make a difference in the lives of our students and offer a different lens for our students to learn from. The ECASD values your service!

This following Agreement is to establish an understanding of the role of a Volunteer and to understand guidelines to ensure understanding of school culture. This agreement also serves as a safety net for you, the Volunteer.

Volunteers: A person who works at school sites or other educational facilities to support the efforts of ECASD staff.

As a volunteer for the ECASD, I understand and agree to the following:

- Volunteer service is pre-approved by appropriate school district personnel
- I will work with another District staff member while at a school site
- Volunteering is a complimentary service to the District
- Potential student discipline be referred to District staff
- Wearing a visible visitor badge
- Technology resources are used for educational purposes
- Inform Principal/Administrator of any issue that may impact my service as a volunteer
- Maintain confidentiality of all student information
- Transporting students is not in the role of a Volunteer (unless pre-approved and Volunteer has gone through appropriate approval process)
- Religious/political beliefs are presented in a neutral manner
- Understand adult/student age appropriate nurturing relationships
- Contact appropriate school personnel when you are unable to Volunteer

Background Screening: I understand that based upon the level of my Volunteer responsibilities, the School District will determine if background screening is necessary. This background screening may include obtaining a report from a reporting agency that may include information concerning my criminal history. I will complete a "Disclosure/Release of Information Statements" form and give consent to the District to conduct an applicable background screening. This is a confidential process.

Information obtained from the background screening may cause the ECASD to deny certain volunteer applications.

Name: _____ Male Female

Home Address: _____ City, State, Zip: _____

Primary Email Address: _____ Home Phone #: _____ Cell #: _____

School/Building Volunteering at: _____ Activity/Program/Sport: _____

Emergency Contact (Name & Phone #): _____

Have you ever been convicted of, or received a deferred sentence or deferred prosecution for a felony or a misdemeanor crime that would prevent you from volunteering in a school building? YES* NO

*If YES, please describe: _____

I have already undergone an ECASD background screening and my status of such has not changed since my initial screening.

I understand this agreement and will follow the guidelines set forth:

Signature: _____ Date: _____

*Volunteers are covered by the ECASD's liability insurance as long as Volunteer is following proper protocol and immediately notifies the Principal/Administrator of any occurrence that may result in a claim.

*Volunteers are not covered by the ECASD's Worker's Compensation insurance.

*Volunteers need to fill out this agreement once per school year. The Disclosure/Release of Information Statement Form is required to be completed once every three years.

Signature of staff member authorizing initial volunteer opportunity: _____

Event/Activity: _____ Date: _____

Thank you for your interest in volunteering for the ECASD. We look forward to working with you!