



## 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. This includes not sharing student information or photos on personal social media.
- 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.



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Name: (please print) \_\_\_\_\_ Gender \_\_\_\_\_

Preferred name \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

School/Building Volunteering at: \_\_\_\_\_ Activity/Program: \_\_\_\_\_

Supervisor (teacher, other staff) name (if applicable) \_\_\_\_\_

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 if 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 will 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: \_\_\_\_\_

Activity/Program: \_\_\_\_\_ Date: \_\_\_\_\_

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



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