



THREE OAKS ELEMENTARY SCHOOL

2014 – 15 VOLUNTEER AGREEMENT

By Signing Below I agree:

- ☐ Sign in at the front office each time I enter the school grounds (please do not enter the school through any other location of the school grounds) and also log my volunteer hours in the volunteer time sheet in the office including any volunteer hours completed off school grounds.
- ☐ Practice the professional ethics of confidentiality (not discussing teachers, students, or school affairs at any time).
- ☐ I understand that not all teachers require volunteers and I may volunteer in other classrooms as well.
- ☐ I will be capable of adjusting to each teacher's individual style and follow his/her directions.
- ☐ Avoid any "conference time" with the teacher; keep talking to the teacher to a minimum and on task since the teacher's time is with the students.
- ☐ Silence cell phones especially when volunteering in the classroom.
- ☐ Contact the school's Principal if having difficulty regarding my role as a volunteer.
- ☐ Professional dress and behavior. Remember, you are acting as a role model for students.
- ☐ Volunteers may not assume responsibility for an entire class. Only school board staff may supervise a class alone.
- ☐ Volunteers may not administer any form of medicine to a student.
- ☐ Volunteers may not remove a student from the classroom.
- ☐ Volunteers should not discipline a student. Please refer problems to the appropriate staff member.
- ☐ Volunteers may not have access to materials in the students' permanent record files.
- ☐ Volunteers may not diagnose student needs or evaluate achievements or counsel students.
- ☐ Volunteers may not consume alcohol or use tobacco products during school sponsored events and most importantly while designated as a chaperone on a field trip.
- ☐ Be punctual and reliable, notify the school in case of absence when scheduled to volunteer.

I attended a volunteer orientation and agree to the policies and procedures set forth and summarized above. I understand that failure to comply will result in loss of volunteer privileges.

Print Name: _____

Date: _____

Signature: _____

Name of Child/Children: _____