

**TAYLOR COUNTY SCHOOLS VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Alias (Maiden/Previous Marriages): \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

SS#: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

**Name of Child(ren) – (First, Middle, Last)**

**Grade Level/Teacher**

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

**Volunteer Opportunities**

I would like to: (Please check all areas you would be interested in participating)

- |   |  |
|---|--|
| <input type="checkbox"/> Assist in the classroom            | <input type="checkbox"/> Help with clerical chores                 |
| <input type="checkbox"/> Work with small groups of children | <input type="checkbox"/> Prepare instructional materials           |
| <input type="checkbox"/> Work with an individual child      | <input type="checkbox"/> Work with non-English speaking student    |
| <input type="checkbox"/> Work in the library                | <input type="checkbox"/> Speak to classes on job/hobby specialties |
| <input type="checkbox"/> Assist in playground supervision   | <input type="checkbox"/> Field Trips ONLY                          |
| <input type="checkbox"/> Make posters and displays          | Other interest: _____  |

Days I will be able to help: MON\_\_ TUES\_\_ WED \_\_ THUR \_\_ FRI \_\_

**Conditions of Commitment**

As a volunteer, I agree to:

- Submit to periodical criminal records check
- Abide by my signed confidentiality agreement
- Abide by all school rules and Board of Education regulations and policies that apply to me
- Sign-in and honor my commitment to work as scheduled

Signature \_\_\_\_\_

Date \_\_\_\_\_

**VOLUNTEER – CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, do hereby agree to maintain total verbal and written confidentiality on all information concerning any employee or student enrolled in the Taylor County School District. This includes information on students that I assist and information that I may overhear or see while volunteering.

I understand that written permission from the parent/guardian of the child is required prior to releasing information regarding their child and/or family, and that all confidential records/information must be guarded from public access and unauthorized scrutiny. Failure to maintain confidentiality may result in the loss of my volunteer privileges.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date