



Volunteer Application Form

Purpose

The Blue Springs School District acknowledges the significant role volunteers play regarding programming, services, and achievement, and greatly appreciates the many contributions made to its students, staff, and schools. To assure consistent practice and a positive, productive experience for district volunteers, the following expectation guidelines are provided. In addition, as student, staff, parent/guardian, and patron safety are a district priority, all volunteers must annually complete and submit the Memorandum of Understanding included below. Please note that district administrative and/or Department of Public Safety personnel have the right to refuse the services of any volunteer and that the building principal will provide follow-up notification pertaining to any screening status concerns.

Expectations

Blue Springs School District volunteers must:

1. Follow the same dress code applicable to students.
2. Maintain courteous and professional relationships with students, staff, parents/guardians, and patrons.
3. Report suspected cases of abuse or neglect to the building principal.
4. Refrain from transporting students.
5. Keep all information obtained from a student's education and/or health record confidential.
6. Refrain from photographing or videotaping students unless authorized by the building principal or his/her designee.
7. Refrain from discriminate against or harassing any person and report all harassment or discrimination observed in accordance with district policy.
8. Adhere to district technology policies and procedures and sign an authorized user form prior to access.
9. Sign in and out of the office when entering or leaving the school and document all service hours.
10. Follow all policies, procedures, and others rules established in the district, and all applicable laws.

Memorandum of Understanding

I have read the above expectations related to Blue Springs School District volunteers and do hereby agree to abide them. My signature below also verifies understanding that I am providing the district permission to conduct an annual background screening and that my volunteer status can change at any time.

Volunteering at the Following School(s) _____

Student(s) Name(s): _____

Relationship to Student(s) or Program _____

Volunteer Name (Printed Last, First, MI) _____

Maiden Name _____ Date of Birth (MM/DD/YY) _____

Address (including city, state, and zip) _____

Driver's License #/State _____ Social Security # _____

Email Address _____ Phone # _____

Volunteer Signature _____ Date _____