

SCHOOL VOLUNTEERS

353.1 Exhibit

Thank you for stepping forward to provide a valuable service to our children. Your willingness to become a volunteer is greatly appreciated. In an effort to strengthen the volunteer program and protect all children, please complete the following form.

Volunteer Emergency Information Sheet and Service Commitment

Volunteer's Name (Include middle initial) _____

Date of Birth: _____ Day Phone _____ Evening Phone _____

Address: _____

In case I become ill or injured while volunteering, please call: Day Phone _____
Name _____ Evening Phone _____

If there is no answer, call a relative, a neighbor, etc. Day Phone _____
Name _____ Evening Phone _____

I authorize all treatment deemed advisable and suggested:
Doctor: _____ Phone _____

Do you have any unusual health hazards, serious allergies or other information that you feel is important for the office to know? ____ Yes ____ No
If yes, please explain: _____

I have read and understand the expectations regarding confidentiality as outlined below. ____ Yes ____ No

Have you ever been convicted of a serious misdemeanor or a felony under Wisconsin Law or any other state/federal law? ____ Yes ____ No

I hereby authorize the School District of Phillips personnel to conduct a Criminal records check to determine my acceptability. ____ Yes ____ No

I understand the issues of confidentiality that will be expected of me as a volunteer. I will keep school matters confidential and discuss any concerns with the building administrator. If I am unable to honor this commitment, I understand that I may be asked to terminate my volunteer service to this site. I will abide by all school rules at all times that I am serving as a volunteer.

Signature of Volunteer _____ Date _____

Signature of Principal _____ Date _____