



Address: 366 Garteeni Hwy. Hoonah, Alaska 99829

Telephone: 907-945-3613

Fax: 907-945-3607

Application to Volunteer

PLEASE READ *BEFORE* COMPLETING

We are delighted to process this application to volunteer/chaperone with Hoonah City School District. Please complete this application accurately and completely **and return to the administrator**. Specific staff will be in further contact with details once your application has been processed. **Be aware that a state background check will be performed to maximize the safety of our students.**

PLEASE PRINT:

_____ *Last* _____ *First* _____ *Middle*

HOME ADDRESS: _____

_____ *Street* _____ *City* _____ *Zip*

HOME PHONE: () _____ WORK PHONE: () _____

E-MAIL ADDRESS: _____

I have been a volunteer for _____ years: At what school? _____ Year(s)? _____

Emergency contact: _____ () _____

_____ *(Mandatory) Name* _____ *Phone*

I am interested in the following volunteer placements (Not all options are available at all schools):

Chaperone Cafeteria Office

Classroom Special Events

Other: _____

I am available: M T W Th F Times: _____

List career/volunteer experiences, talents, skills or hobbies: _____

Do you have children attending this school? Yes No

Relationship to child: Parent Grandparent Other: _____

Child (Children) Name(s): _____

Teacher(s) / Grade(s) _____

I am a college/high school student applying for volunteer service to meet criteria of a curriculum requirement

Name of College / High School: _____

FOR SCHOOL USE ONLY

General description of assignment(s):

- Supervising students as needed by a teacher
- Supervising students during a regularly scheduled activity
- Assisting with academic programs
- Assisting at the resource center or main office
- Other: _____

Name of supervising staff member: _____

To be completed by the Principal:

Will the individual be working over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a fingerprint-based criminal history records check would be prudent?

- Yes
- No

If **yes**, and provided the individual authorized the fingerprint-based criminal history records check, please provide the following:

Date the background check was requested: _____

Date the background check was received and reviewed: _____

Check reviewed by (*please print*) _____

Signature of reviewer _____
Date

By signing, I agree to abide by the policies and procedures of the Hoonah City School District Board of Education, the Volunteers Program, including the School Volunteer Handbook, and the individual school at which I am assigned. I understand the principal reserves the right to not place me or to discontinue my assignment as a volunteer or use of my volunteer services at any time at the principal's and the District's sole discretion."

Volunteer applicant signature _____
Date

Waiver of Liability

The School District does not provide insurance coverage to non-District personnel serving as volunteers for the School District. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the School District and to document the volunteer's acknowledgment that they are providing volunteer service at their own risk.

By your signature above:

You acknowledge that the School District does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to the School District.

You agree to assume all risk for death or any loss, injury, illness, or damage of any nature or kind, arising out of the volunteer's supervised or unsupervised service to the School District. You also agree to waive any and all claims against the School District, or its officers, School Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the School District.

For volunteer coaches only:

I understand that while fulfilling my coaching responsibilities, I am a *school official* under State law. In accordance with policy 5141, *Child Abuse and Neglected*, I will report to the Principal any unsanctioned or unauthorized act that results in bodily harm to any person. If the act results in death or great bodily harm, I will make a report to law enforcement and promptly notify the Principal that a report has been made.

Volunteer Confidentiality Agreement

In Hoonah City School District, we believe that the schooling experience can be enhanced by the work of volunteers and community groups. It is imperative, however, that all volunteers recognize the rights of the individuals who spend their days in the school buildings. As a public facility, we honor all of our students and understand that each is unique in the creation of a cohesive school. Together, we make a difference in the lives of our children. Thank you for your support and efforts.

Acknowledgement

I understand that Hoonah City School District will allow me reasonable access to the school, school facilities, educational programs and/or individuals needed as it relates to the purpose of my visit. I further understand that during my visit, I must honor the confidentiality rights of all students and agree to refrain from disclosing or sharing of any information regarding other students that is obtained during my visit, including any information contained in written or electronic records as well as information shared verbally, either directly or indirectly with me. I will not disclose or divulge, either verbally, in writing, electronically, or via any other mode of communication, any information about any students, either individually or as a group or class, acquired in my capacity as a volunteer, except as necessary and authorized by my supervising staff member or principal. I understand that any such breach in expected confidentiality could result in loss of my volunteer privileges, as well as Hoonah City School District pursuing any other remedies available to it for such breach or threatened breach. I understand that if I have any questions about this obligation I am to contact the principal.

Staff member(s) for whom I volunteer: _____

Volunteer duties: _____

Signature of volunteer: _____

Date: _____