

WESD VOLUNTEER AGREEMENT

I hereby acknowledge that I have received a copy of the Washington Elementary School District's Volunteer Handbook and that I have read and will abide by its contents and all other applicable Washington Elementary School District policies and procedures.

I understand that as a volunteer, I am not compensated for any services including wages and insurance. I further understand that I have the right to terminate my arrangement at any time, with or without cause, and that the Washington Elementary School District has a similar right.

I understand that each child is entitled to his or her privacy and agree to treat information regarding each child and teacher as confidential. I understand the importance of **CONFIDENTIALITY** and will keep all **confidential matters confidential**.

VOLUNTEER CODE OF CONDUCT

As a volunteer, I agree to abide by the following code of volunteer conduct:

1. Immediately upon arrival, I will sign in at the principal's office or the designated sign-in station.
2. I will wear or show a volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students without the authorization of teachers and/or school authorities.
5. I will not solicit outside contact with students.
6. I agree not to exchange telephone numbers, home address, e-mail addresses or other home directory information with students for any other purpose.
7. I will maintain confidentiality outside of school and will share any concerns that I may have with teachers and school administrators.
8. I agree to not transport students.
9. I will not disclose, use or disseminate student photographs or personal information about students, self or others.
10. I agree not to post, transmit, publish or display harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment.
11. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.

Print Full Name _____

Telephone Number(s) _____ Address _____

Return completed form (both sides) to the school office manager or program supervisor.