Updated: 9/2022

LEBANON SCHOOL DISTRICT
DESIGNATED VOLUNTEER
SERVICE STATEMENT AND CONFIDENTIALITY AGREEMENT

I make this Statement and Agreement in order to provide, and to be authorized to perform, the following uncompensated services to the school community:

_____ under the direction of _____.

My volunteer commitment is valid concurrently until there is a break of one year or more in service then I must re-apply to become a Volunteer.

In performing the specified volunteer service, I acknowledge:

- that I know of no reason, medical or otherwise, which would prevent me from performing the tasks required;
- that I have acquainted myself with what is required to perform those tasks, and represent that I have the skill and ability to perform them;
- that I assume full responsibility for my own safety and the safety of others, and except where resulting from the negligence of the Lebanon School District or its employees, I release and hold harmless the Lebanon School District, its agents, employees, and officers, from any and all claims of any nature for any illness, bodily injury, or personal injury to me or damage to any property arising in any way from my participation in the above described activity. I further acknowledge that this release is binding upon my heirs, successors or assigns, that I have read the foregoing and understand its significance, and that I have executed this document voluntarily;
- that I will perform the volunteer service in compliance with the standards and specification s established, or approved, by the Lebanon School District, and will honor the direction of the Lebanon School District officials to suspend or terminate service;
- I certify that I have received a copy of the Lebanon School District Volunteer Handbook, ***taken the required safety training and reviewed the associated policies.*** I understand what is expected of a Lebanon School District Volunteer.

Volunteer Confidentiality Agreement – IJOC-R

While performing volunteer services for the Lebanon School District, I understand that I am bound by laws and policies which protect the privacy of student information I am given access to. I agree to keep this information in the strictest confidence and recognize that the failure to do so may result in my being denied the opportunity to volunteer.

_____ _____

Volunteer SIGNATURE Volunteer PRINT NAME

Volunteer TELEPHONE _____ Date _____

Thank you for your time and commitment to the students of Lebanon.