BOULDER VALLEY SCHOOL DISTRICT

VOLUNTEER AGREEMENT, WAIVER AND RELEASE

Volunteer Information			
Name of Volunteer(First, Middle, Last)		Email:	
Phone:		Date of Birth (mm/dd/yyyy)	
Address:		City, State, Zip:	
Emergency Contact Name:		Phone:	
Volunteer Position(s) of Interest:			
Boulder Valley School District Information			
Primary Contact Name:		Email:	
Phone (w):		Alternate Phone (Optional)	

As a volunteer, I understand and agree to the following:

- I will be required to adhere to all applicable laws, District policies and regulations, and school rules; and my volunteer activities will be directed by the principal or designee.
- I acknowledge that I may come into contact with confidential information about students, employees, and the School District that is protected by federal and state law and School Board policy. I agree to preserve the confidentiality of all information, including student information. I understand that failing to maintain the confidentiality of all School District and student records and information may disqualify me from further service as a volunteer and be cause for legal action.
- I understand that preserving student confidentiality also restricts me from taking photographs or recordings during my volunteer service.
- I shall perform my role in a safe and diligent manner and agree to comply with all requirements of policies, regulations and guidelines as provided by BVSD.
- I affirm that I have not been convicted of any felony or misdemeanor crime of unlawful behavior involving children, unlawful sexual conduct, child abuse, domestic violence or a crime of violence and agree to a criminal background check and fingerprinting that will be used for BVSD's purposes only. I agree that BVSD may receive updated information regarding my criminal background check in each year that I sign a volunteer agreement.
- I will share with teachers and/or school administrator any concerns that I may have related to student welfare and/or safety.
- I agree to participate in any required volunteer training. **Note**: Any individual who has reasonable cause to know or suspect that a BVSD student has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect shall immediately upon receiving such information report such fact to 1-800-CO-4-KIDS (1-800-264-5437) and contact their site or building administrator.
- I agree not to exchange telephone numbers, home addresses, email addresses, or any other personal information with students unless it is required as part of my role as a volunteer. I will not contact students outside of my volunteer activities without permission from the students' parents and BVSD.
- I acknowledge that any and all communication with parents, students, and other personnel must be within strict guidelines. If I have any concerns about my role as volunteer, student behavior, staff, etc., I will direct those concerns to my designated contact or the building or site administrator.
- I will ensure that my communications with school staff are courteous and professional; and that I am dependable in my service.

- I shall not initiate or respond to any social media, press and/or other requests regarding my volunteer service without the written approval of BVSD.
- I understand that the District reserves the right and discretion to deny my application and may suspend, restrict, and/or terminate my status and service as a volunteer at any time for any reason.
- I agree not to transport students without the express permission of the school and in compliance with District Policy.
- I will not receive any compensation from any source for my volunteer activities.
- I will not accept gifts for my volunteer service with a face value in excess of $25, including group gifts and gift cards.
- I understand, accept, and assume any and all risks associated with volunteering for Boulder Valley School District.
- As a condition of being permitted to volunteer for the District, I assume the risks of personal injury or property damage that may result from my volunteer activities. I hereby agree to waive any and all claims arising out of my volunteer activities, including any injury or damage. I also understand that I am not covered by the District's worker's compensation insurance.

I have read the above Agreement, Waiver and Release, agree to its terms and voluntarily consent to be a volunteer for Boulder Valley School District.

Volunteer Name (please print):_____

Signature:_____ Date: _____

Received and accepted by BVSD

BVSD Representative (please print):_____

Signature:_____ Date: _____