Corinth CSD School Volunteer/Internship/Student Teacher

Application and Confidentiality Agreement

Thank you for volunteering to help in our school! In order to ensure that your time at school is a positive experience for all, we have developed some guidelines. Please read them then sign & return the slip below to the main office.

When working with student/s remember to:

- Give positive and encouraging feedback
- Use a soft voice that encourages and makes children comfortable
- Avoid comparing children and their work
- Reward good behavior with a smile or compliment
- Try to be consistent in helping all of the children
- Encourage children to do as much as possible without your help
- Respect children's differences and personalities
- Report any problems to the classroom teacher

Promptness & Dependability: The teachers and students will count on you. Please notify the teacher if you know in advance that you will not be able to make it during your scheduled time. Remember to always check in at the office and wear your visitor's badge.

Flexibility: There may be times that you will work with the children and other times that clerical work is most helpful.

Minimize interruptions during class time: Please turn off your cell phone and avoid conversations with others when in the classroom.

Confidentiality: Information about every child is CONFIDENTIAL and must remain in the classroom. We respect the privacy of our children and families.

Prepare your child in advance if your child is in the room in which you are working: Let your child know when you are volunteering in the classroom and that you're there to help the teacher and all of the children.

Finally, have fun and thank you for being here! We are so very grateful to each and every one of you for your generous commitment of time, skill, and enthusiasm. Your effort makes a difference in the lives of our students!

Print Name Date	
Signature Date	

PERSONAL INFORMATION:

Volunteer Name:			School Year:				
Former Name(s):			(To be completed Home Phone:	yearly)	+		
Address:			Work Phone:		+		
Cell Phone:			Student's Name:		+		
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Do you have a student in	our scrioor:	ii so, piease give tile sti	duent 3 name.				
VOLUNTEER SERVICES FO	OR WHICH YOU ARE AF	PPLYING:					
Have you volunteered in	the District in the scho	ol year prior to this applic	ation? Yes	□ No			
If Yes, where?							
SPECIAL SKILLS/TALENTS	·						
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to answer charges?				ļ			
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Principal Reviewed:			Anı	proval '	YES 🗆		NO □
If this is a student teac	ther the internet agre	eement form must be at				tmer	
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Superintendent Review	меа:				YES	l	NO □