Riverton Public School
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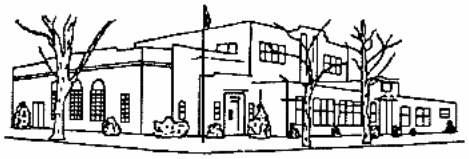

Mary Ellen Eck, Superintendent

_____ _____
(Student's Name) (Grade/Teacher's Name)

We are proud to be part of a learning environment that is so rich in parent involvement. If you will be assisting as a field trip chaperone, a room parent, a classroom volunteer, a library volunteer, or a lunch volunteer, this "volunteer agreement" must be signed and returned to your child's homeroom teacher or the Main Office.

VOLUNTEER PARTICIPATION AGREEMENT

I, _____, and _____, make this statement and
Parent/Guardian Parent/Guardian

agreement in order to provide and to be authorized to perform the following uncompensated services to the Riverton School District to assist as a Volunteer with the program.

The nature and scope of the program is:

□ Field Trip Chaperone □ Library Helper/Volunteer □ Room Parent
□ Classroom Helper/Volunteer □ Lunchroom Helper/Volunteer

The program is overseen by the classroom teacher or child study team or superintendent. The time period for which I will be a Volunteer is during the current school year.

In performing the specified volunteer service, I understand and acknowledge:

- that I have not been convicted of any crime or criminal offense, nor do I have any charges pending for any crime or criminal offense;
- that I am at least 18 years of age and know of no reason, medical or otherwise, which would prevent me from performing the tasks as 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 my participation in the program is voluntary and I am not receiving compensation for my work as a volunteer;
- that I will assume full responsibility for my own safety and the safety of others and except where resulting from the negligence of the Riverton School District or its employees, I will hold the Riverton School District harmless for any injury to me or damage to my property and for injury or damage resulting from my own negligence;
- that if I am injured during the course of participating in the program that my medical bills will not be paid by the Riverton School District;
- that I will perform the volunteer service in compliance with the standard specifications established or approved by the Riverton School District, and will honor the direction of the school officials to suspend or terminate activities;
- that I am aware siblings are not permitted on field trips or class events;
- that I have read the District Harassment, Intimidation and Bullying Policy and understood the procedures;
- that I am aware of Child Abuse and Neglect laws (including informing DCPP and the school administrator) and have read the policies on the District's website.

_____ _____ _____
Date Signature Volunteer Signature Volunteer

MEE:mmf 7/7/18