BEDFORD PUBLIC SCHOOLS

Volunteers—We must have this form on file before you volunteer in our school.
Thank you for returning this as soon as possible.

VOLUNTEER LETTER OF UNDERSTANDING

When serving as a volunteer for the District, the parent(s)/guardian(s) or other adult volunteers, including employees of the district, shall not engage in inappropriate adult behavior, and shall agree to abide by all Board policies and District guidelines while serving as a volunteer.

The use of tobacco products or alcohol in the presence of students is prohibited.

The taking of photos and/or videos while volunteering, without prior permission, is prohibited.

All volunteers must be in compliance with any COVID-19 mitigation policies in effect at the time of volunteering.

Signing this form releases the District of any obligation should the volunteer become ill or receive an injury as a result of his/her volunteer services.

The District is not obligated to make use of volunteers whose abilities are not in accord with District needs.

I, _____, verify that I have read and understand the expectations of volunteers of Bedford Public Schools. I agree to these rules and pledge to follow them.

Name: _____ Date: _____ School Building: _____

VOLUNTEER PERSONAL INFORMATION

(Note: The information listed below is for the purpose of determining your eligibility as a volunteer for Bedford Public Schools and will not be disclosed to outside parties.)

First Name: _____ Middle Initial: _____ Last Name: _____

Any Other Last Name(s) Used *(ie: Maiden name or from previous marriage)*: _____

Sex: ⬜ Male ⬜ Female **Month of Birth: _____ Day of Birth: _____ Year of Birth: _____**

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Work: _____ Cell: _____

Have you ever been convicted of a felony crime? ⬜ Yes ⬜ No

Have you ever been convicted of a misdemeanor involving children? ⬜ Yes ⬜ No

I give my permission for Bedford Public Schools to conduct appropriate screening processes which may include Internet sites for the Sex Offenders Registry (SOR) list, the Internet Criminal History Access Tool (ICHAT) criminal history records check and the Offender Tracking Information System (OTIS). The District may also conduct criminal and background checks on volunteers in the same manner as for employees of the District.

Volunteer Name: _____ Date: _____

Please list all students in this school:

Student: _____ Student: _____ Student: _____
Teacher: _____ Teacher: _____ Teacher: _____