



Volunteer Application

Dear Applicant,

The District recognizes that you, as a volunteer in the District, contribute to the overall educational experience of our students. Commensurate with this service is a responsibility to abide by the guidelines detailed below:

- Do not touch a child for any reason.
- Refer all disciplinary issues immediately to the classroom teacher or school administrator.
- Do not discuss matters related to any child or staff member with any unauthorized party.
- Do not access student records or files.
- If your assignment is on a scheduled basis, notify the school office or teacher if you are unable to volunteer on a particular day.
- Do not deviate from your assignment without the permission of the school administrator.
- Consult with the classroom teacher if you are unclear about a specific assignment or academic routine.
- Do not leave students unsupervised.
- Obtain and maintain a DPS *fingerprint clearance card. (If volunteering for more than once a month.

**FINGERPRINT CLEARANCE CARD – Attach a copy of your current clearance card. NOTE: The District requires all SUSD volunteers who will be volunteering more than once a month to obtain a fingerprint clearance card. If you do not have one, you may pick up an application at the District Office or call Arizona Department of Safety at 602-223-2279. A fee of \$65.00 is required (money order or cashier's check), payable to Arizona Dept. of Safety. Fingerprinting can be done at the Superior Police Department for a fee.*

As a school volunteer you are placed in a position of trust. Your actions, while dispatching your assigned duties, should be professional. Any information gained during your assignment that might be considered confidential shall be treated accordingly. Volunteers who do not adhere to the guidelines herein may be removed from service by the school administrator.

Thank you for volunteering!

Superior Unified School District



VOLUNTEER APPLICATION

*It is the policy of the Superior Unified School District to provide all persons with equal employment and educational opportunities regardless of race, color, sex, national origin, religion, marital status, age or handicap.
 Es la polisa del Distrito Escolar Unificado de Superior de proveer a todas las personas igualdad de empleo y las oportunidades educacionales sin distincion sobre de raza, color, sexo, origen nacional, religion, estado civil, edad o discapacidad.*

Date _____ Area Volunteering For (*see below) _____

Name _____ E-Mail Address _____

Address _____

Primary Number _____ Message Number _____

Emergency Contact Name _____ Phone Number _____

Please list days and times you are available to volunteer.

Teacher Statement

I request the above named volunteer be assigned to my classroom area.

 Teacher Signature

 Date

Principal Statement

I recommend approval of the above named volunteer.

 Principal Signature

 Date

Superintendent Statement

_____ Volunteer applicant is approved

_____ Volunteer applicant is not approved

 Superintendent Signature

 Date

*AREAS AVAILABLE

Classroom	School Library Aide
Special Education Classroom	School Bus Monitor
Clerical	Cafeteria Aide/Monitor
Maintenance/Custodial	Tutor
Playground	My Child's Classroom

VOLUNTEER CONFIDENTIALITY AGREEMENT

Volunteers are required to comply with all requirements concerning handling of and exposure to confidential information and materials in the school setting.

I, _____, a volunteer of Superior Unified School District #15, have been informed of my personal responsibility to honor and protect confidential matters and documents to which I have been/will be exposed or have access to in my official volunteer duties. Furthermore, I understand and agree that willful violation of the confidentiality of any student’s school related information shall result in immediate removal from my volunteer assignment.

Volunteer Signature

Date

VOLUNTEER CERTIFICATION AND CREDENTIALING REQUIREMENT

I, _____, do hereby certify that I have never been convicted of or admitted in open court or pursuant to a plea agreement committing, and am not now awaiting trial for committing, any of the following criminal offenses in the State of Arizona or similar offenses in any other jurisdiction:

Sexual abuse of a minor	Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs
Incest	Burglary in the first degree
First or second-degree murder	Burglary in the second or third degree
Kidnapping	Aggravated or armed robbery
Sexual assault	Robbery
Sexual exploitation of a minor	A dangerous crime against children as defined in A.R.S. 13-604.01
Felony offenses involving contributing to the delinquency of a minor	Child abuse
Commercial sexual exploitation of a minor	Sexual conduct with a minor
Felony offenses involving sale, distribution, or transportation of, offer to sell, transport, or distribute, or conspiracy to sell, transport, or distribute marijuana or dangerous or narcotic drugs	Molestation of a child
Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs	Manslaughter
	Assault or Aggravated assault
	Exploitation of minors involving drug offenses.
	Arson

If yes, on a separate piece of paper, please give an explanation.

Signature

Date

Under penalty of prosecution and dismissal, I hereby certify that the information on this application is true, accurate and complete.

Signature

Date

EMERGENCY INFORMATION

This document will be kept in a secure location. All information will be kept strictly confidential and utilized only in the case of an emergency.

Volunteer Name _____
Address _____
Contact Number _____ Message Number _____

Emergency Contact
Name _____
Address _____
Phone Number _____ Secondary Number _____

Medical Information
Doctor's Name _____ Phone Number _____
List any medical directives the District should give to emergency personnel in the event you are unable to do so as a result of illness or injury

Please list any medical conditions or allergies to medications:

Volunteer Signature

Date