Volunteer Agreement and Disclaimer

All volunteers must be under the supervision of a district employee and adhere to the regulations below:

1. Volunteers must sign in at the main office and report to the volunteer post or ask for the school designee.
2. Volunteers are NEVER to be alone with a student.
3. Volunteers should NEVER accompany a student into the restroom. If a student requires assistance, in the restroom, the volunteer must take the child to the teacher who will handle the situation.
4. A volunteer must ALWAYS use a faculty or adult restroom. NEVER use the student bathroom.
5. Volunteers may never take a child off school grounds.
6. Volunteers are helpers in the school. The teachers and school principal are in charge of any academic or disciplinary issue.
7. Volunteers display appropriate adult behavior, supportive, encouraging and with a positive attitude.
8. Volunteers must follow the protocols for reporting known or suspected Child Abuse and/or Neglect and must sign the Mandatory Reporting Form.
9. Volunteers are representatives of the school community and are upheld to the same security, safety, dress code and apply professional standards, as district staff. If at any time, a volunteer’s actions or presence interferes with these standards, the school administration and district reserves the right to reassign and/or rescind the volunteer’s approval status.

**Confidentiality**: I, the undersigned, understand that during the course of my work, I may be given access to confidential, privileged, or proprietary PPSD student information in order to perform my responsibilities in a manner that meets PPSD’s needs and enhances the delivery of service. By signing this document, I am agreeing to comply with all regulations and laws established to protect confidential information. I understand that accessing or releasing confidential information and/or records or causing this to occur outside the course of my assigned duties would constitute a violation of this Agreement. I understand that proven violation of this agreement can result in termination of my access to information and may result in action being taken against me. I acknowledge and agree that PPSD’s Confidential Information includes confidential student and employee information that is protected by applicable law, including but not limited to, FERPA and the so-called Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules, its implementing regulations and other applicable laws and regulations. I agree to comply with all applicable laws relating to the access, use and disclosure of Confidential Information.

I agree to the above volunteer expectations and acknowledge the School Principal may have other basic protocols for their school. As a volunteer the above expectations will help with my effectiveness in supporting and ensuring the safety of the school community. I am aware and understand the Providence School district expects me to hold in confidence, any information I may become privy to while volunteering.

I am signing freely and release from liability and hold the Providence School department harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney’s fees, as a result of my participation in any and all volunteer activities.

____________________________________  ______________________
Volunteer Name (print clearly)  School Name

____________________________________
Volunteer Signature

________________________
Date