



Volunteer Registration Form

Name _____ Birthday _____

Address _____

Telephone (1st) _____ (2nd) _____

Email Address _____

Emergency Contact Information

Name _____ Relationship _____

Telephone (H) _____ (C) _____ (W) _____

Reference Information (Not a relative)

Name _____

Address _____

Telephone _____ Email _____

Volunteering Interests

I want to volunteer in capacity as Parent/Guardian Student Community Business

I prefer grades: K-5 6-8 (Middle) 9-12 (High School)

I am available: Monday Tuesday Wednesday Thursday Friday **I prefer:** AM PM

School(s) Preferred _____ **Language(s) Spoken:** _____

Area(s) of Interest:

- | | | |
|--|---|---|
| <input type="checkbox"/> Library/Media Helper | <input type="checkbox"/> Science Helper | <input type="checkbox"/> Community Resource |
| <input type="checkbox"/> Classroom Helper | <input type="checkbox"/> Community Partner | <input type="checkbox"/> Building Maintenance |
| <input type="checkbox"/> Book Buddy | <input type="checkbox"/> Clerical Assistant | <input type="checkbox"/> Chaperone |
| <input type="checkbox"/> Breakfast/Lunch Buddy | <input type="checkbox"/> Reading Helper | <input type="checkbox"/> At Home Helper (from home) |
| <input type="checkbox"/> Computer Helper | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Language Arts Helper |
| <input type="checkbox"/> Music Helper | <input type="checkbox"/> Social Studies Helper | <input type="checkbox"/> ESOL Tutor |
| <input type="checkbox"/> Mathematics Helper | <input type="checkbox"/> Tutoring in any subjects | (English for Speakers of Other Languages) |
| <input type="checkbox"/> After-School Helper | <input type="checkbox"/> Groundskeeper | |

Have you ever been convicted of crimes against children? Yes _____ No _____

I understand I am offering my services without compensation as a volunteer. I assume full and complete responsibility for my own actions taken while serving as a volunteer with Albemarle County Public Schools. I agree to hold the school system harmless from any liability resulting from my actions.

Signature _____ Date _____

**Please sign and return to your school contact.
Be advised that you should keep a copy for your records**

<p>Internal Use Only/ Virginia Code §22.1-79.3</p> <p>Sex Offender Registry checked _____ (employee initials)</p> <p>DATE: _____</p>

Volunteer Code of Ethics

As an Albemarle County Public Schools volunteer, I agree to abide by the following code of conduct:

- Immediately upon arrival, I will sign in at the main office at the designated sign-in station.
- I will display volunteer or visitor identification while on the school premises.
- I agree to never be alone with individual students who are not under the supervision of teachers or school authorities without permission from authorized school staff.
- I will use only adult bathroom facilities.
- I will not contact students outside of school hours without permission from the students' parents/guardians.
- I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required for my volunteer role. I will exchange home directory information only with parental and administrative approval.
- I will maintain confidentiality outside of school and will share any concerns that I may have related to student welfare and safety with teachers and/or school administrators. I will not disclose, use, or disseminate student photographs or personal information about students or myself.
- I agree not to transport students without the permission of parents or guardians or without the expressed permission of the school or district and will abide by the district's procedures.
- I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.

Signature: _____ Date: _____

Print Name _____

**Please sign and return to your school contact.
Be advised that you should keep a copy for your records.**