

## VOLUNTEER INFORMATION FORM 2017-2018

Parents, guardians, and family members who visit the school for classroom events and performances are considered "VISITORS" and are only required to sign in at the office and wear a visitor badge.

To be eligible to volunteer in Litchfield Schools and chaperone on field trips you must fulfill the following requirements:

- Attend a volunteer orientation once. If you have not yet attended a Volunteer Orientation (approximately 15 minutes) please contact an administrator at the respective school.
- Fill out all required forms.
- Review and sign the Confidentiality Statement each year you wish to volunteer.
- Review RSA 632-A:10 and sign the Volunteer Assurance form giving the reasonable assurance that you have not been convicted of a crime involving a child.

Volunteer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Alt. Contact # \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

1. Date you attended volunteer orientation. \_\_\_\_\_

2. Administrator: \_\_\_\_\_ *Administrator's initials* \_\_\_\_\_

**CIRCLE THE SCHOOLS IN WHICH YOU WISH TO VOLUNTEER:**    CHS        LMS        GMS

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### CONFIDENTIALITY STATEMENT 2017-2018

**Confidentiality is important!** Each volunteer shall be required to sign a confidentiality statement and return it to school before your assignment begins.

By signing the Confidentiality Statement, the volunteer agrees to:

1. Keep confidential any information about the teacher-student learning process.
2. Discuss individual students with school staff ONLY.
3. Limit any information concerning a particular child on a need-to-know basis.
4. NEVER discuss any child outside of the school environment with ANYONE.

**CONFIDENTIALITY STATEMENT (needs to be signed every year):**

**By accepting an assignment for the Litchfield School volunteers, I agree to respect the confidential nature of my assignment and to be prompt and dependable. I will abide by the rules, regulations and procedures of the Litchfield School District and the Litchfield School Volunteers.**

**Print Name:** \_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you have children in the Litchfield Schools, please list:

<u>Child's name</u>	<u>Grade</u>	<u>Child's Name</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____

\*\*\* Please return this form to the Main Office ~ Thank You. \*\*\*