Office Use Only Year:

VOLUNTEER INFORMATION FORM

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:

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

| Volunt | teer's Name | Phone | |
|--------|--|----------------------|-------|
| Addre | SS | Alt. Contact # | |
| Mailin | g Address (if different) | | |
| 1. | Date you attended volunteer orientation. | | |
| 2. | Administrator: | Administrator's init | tials |
| CIRCL | E THE SCHOOLS IN WHICH YOU WISH TO VOLUNTEER | R: CHS LMS | S GMS |

CONFIDENTIALITY STATEMENT

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: | | | | | | |
|--|-------|--------------|-------|--|--|--|
| Child's name | Grade | Child's Name | Grade | | | |
| | | | | | | |
| | | | | | | |
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*** Please return this form to the Main Office ~ Thank You. ***

Litchfield School District – Volunteer Handbook