

VOLUNTEER SIGNATURE FOR ORIENTATION POLICIES

SAU #27 – LITCHFIELD SCHOOL DISTRICT

VOLUNTEER NAME: _____

I have received a copy of the following School Board Policies for the Litchfield School District:

- **Sexual Harassment & Sexual Violence Policy and Procedures**
Approval Date: May 4, 2016
Policy Code: GBAA/JBAA
- **Staff Anti-fraternization Policy**
Approval Date: April 1, 2009
Policy Code: GBCC
- **Pupil Safety & Violence Prevention Policy (Anti-Bullying Policy)**
Approval Date: December 10, 2010
Policy Code: JICK

I accept that it is my responsibility, as a district or designated volunteer, to read the policies and abide by them. I shall contact the Administrative Assistant to the SAU/School Board or the Director of Human Resources if I do not fully understand the policies and need further explanation or interpretation.

Volunteer Signature: _____

Date: _____