

**916 AR-2**

**VOLUNTEER AGREEMENT**

This agreement outlines the responsibilities between the Unionville-Chadds Ford School District and:

Volunteer's Name: \_\_\_\_\_, ("Volunteer")

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The terms of this agreement are to be provided during the period of \_\_\_\_\_ through -  
\_\_\_\_\_, unless terminated earlier by either of the parties.

As a volunteer in the U-CFSD, I agree to the following:

1. I am 18 years of age or older.
2. I am of good moral character.
3. I understand that I may be required to attend an orientation session prior to any volunteer time, as required by the program. The orientation will be provided by UCFSD staff.
4. I understand that during the course of my volunteer service I will be closely supervised by school personnel and I may be exempt from the requirements for background clearances but that the UCFSD reserves the right to require background checks on me at any time and that I will provide any required information.
5. I understand that I am required to wear identification (provided by the UCFSD) while on school grounds.
6. I understand that in the course of volunteer service with the Unionville-Chadds Ford School District, I have a responsibility to maintain the confidentiality of any employee or student information that may be available to me in any form. I understand that it is my responsibility to assure rights and confidentiality of information both written and verbal. I understand that in the performance of my duties, I am not to discuss academic or other confidential information regarding students or employees with anyone. Any breach of confidentiality will be carefully reviewed and if substantiated could result in termination of volunteer involvement with the School District, and may result in legal action.
7. I understand that although my access to student information is very limited, I shall not divulge to any person student information without the consent in writing of the student's parents/guardians and the district and that any conversations that I have with a parent/guardian or student must be held in strict confidence.
8. I understand that I must report on time to the location assigned.
9. I understand that there is no reimbursement for travel expenses and that my services are strictly voluntary and no payment will be received.

10. I understand that I will be covered by the UCFSD's general liability insurance if I am hurt while conducting my services as a volunteer.
11. I understand that I must limit any activities or contact with students to the school campus and the program for which I volunteered.
12. I understand that I must follow all school district policies as stated on the UCFSD website and any policies or procedures for the individual school building.

I understand that this agreement may be terminated by either party for any reason, without cause, in writing to the other party.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date