

# PARENT VOLUNTEER AGREEMENT



Defined as: Parent volunteers who perform duties on behalf of the school or in other district facilities, primarily during the school day.

**By completing the information below and signing, you agree to the following:**

### To Maintain Student Confidentiality

As a **Parent Volunteer** assisting within the Douglas County School District Re. 1 ("District"), you have been authorized by the Principal or the Principal's designee to act as a school official subject to the Direction and control of the school's administrators and teachers.

You understand and agree that your failure to maintain the confidentiality of all school and student information, along with any education records to which you are given access, may disqualify you from further service as a community volunteer in the District.

**Consent for a Background Check:** The District **may** conduct a background check on volunteers who provide service at any District event and/or facility. By providing the information requested and signing below, you consent to the District conducting a background check and understand that the District reserves the right to decline the volunteer service of anyone.

*NOTE: If you are going on an overnight trip, applying to be a volunteer coach, or administering an after-school enrichment program, a copy of your driver's license must accompany this form.*

School where you plan to volunteer \_\_\_\_\_

(If applicable) Student(s) Name \_\_\_\_\_ Grade / Track \_\_\_\_\_

\_\_\_\_\_ Grade / Track \_\_\_\_\_

### Parent-Guardian-Step-parent

Your Name *(please print)* \_\_\_\_\_

Your Date of Birth \_\_\_\_\_  Male  Female

Your Signature \_\_\_\_\_ Relationship to student \_\_\_\_\_

### Parent-Guardian-Step-Parent (For an additional parent volunteering from this household)

Your Name *(please print)* \_\_\_\_\_

Your Date of Birth \_\_\_\_\_  Male  Female

Your Signature \_\_\_\_\_ Relationship to student \_\_\_\_\_