



## FHUSD Volunteer Application

*Please check a box below:*

Parent  Stepparent  Legal Guardian  Grandparent  Chaperone   
Community  Coach

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City Zip

Birthday \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Married: Yes \_\_\_\_\_ No \_\_\_\_\_  
(mm/day/year)

Education (answer yes or no) H.S. diploma/GED: \_\_\_\_\_ College: \_\_\_\_\_ Degree received \_\_\_\_\_

Driver's License No./Expiration Date: \_\_\_\_\_

Is this license currently valid: \_\_\_\_\_ Do you have your own transportation? \_\_\_\_\_

List any languages, other than English, which you speak fluently: \_\_\_\_\_

List any special skills, training, interests or hobbies that you have that may be useful to this agency: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Circle days available for volunteer work: Sun. Mon. Tues. Wed. Thurs. Fri.

Preferred hours per day \_\_\_\_\_ to \_\_\_\_\_

List two personal references other than family (name, address, telephone, & relationship)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

Work experience (most recent first). List name of employer, address, supervisor's name, dates of employment & your duties:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

I heard about the volunteer program through: \_\_\_\_\_

Have you ever been arrested or convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

In case of emergency, please contact: Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Medical Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Co. \_\_\_\_\_

Policy No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*All information will be kept in strict confidence*



## **FHUSD Volunteer and/or Chaperone Agreement**

I hereby acknowledge that I have received a copy of the Fountain Hills Unified School District Volunteer Handbook and that I have read and will abide by its contents and all other applicable FHUSD policies and procedures.

I understand that, as a volunteer, I am not compensated for any services, including wages and insurance. I further understand that I have the right to terminate my arrangement at any time with or without cause, and the Fountain Hills Unified School District has a similar right.

### **I make this Agreement in order to provide and to be authorized to perform the following uncompensated services to the Fountain Hills Unified School District:**

- I am 18 years of age or older and know of no reason which would prevent me from performing the tasks required as detailed in the Volunteer Job Description, or that I am presently a student enrolled in the Fountain Hills School District system,
- I have acquainted myself with what is required to perform those tasks, and I represent that I have the skill and ability to perform them.
- I assume full responsibility for my own safety and the safety of others.
- That I will perform the volunteer service in compliance with the standards and specifications established, or approved, by the District, and will honor the direction of District officials, to suspend or terminate service.

### **As a volunteer, I agree to abide by the following code of conduct:**

- Immediately upon arrival I will sign in at the front office or designated sign in station.
- I will wear a volunteer identification badge at all times.
- I will use only adult bathroom facilities.
- I agree to never be alone with individual students without authorization of teachers and/or school authorities.
- I will not solicit outside contact with students.
- I agree not to exchange telephone numbers, home address, and email address (including social network information) with students for any purpose.
- I will maintain confidentiality outside of school and will share any concerns that I may have with teachers or school administrators.
- I agree not to transport students.
- I will not disclose, use or disseminate student photographs or personal information about students, self or others.

- I agree not to post, transmit, publish or display harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment.
- I agree not to photograph students.
- I agree only to do what is in the best personal and educational interest of every child with whom I come in contact.

All school district personnel are required by law (A.R.S. 13-3620) to report suspected child abuse. Failure to do so is a crime. This applies to employees and volunteers when acting in the scope of their work with Fountain Hills Unified School District. If abuse is suspected, contact the principal and or nurse for reporting procedures.

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*Please Print: Last name*

*First Name*

*Middle Initial*

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*Signature*

*Date*