

VOLUNTEER AFFIRMATION

I _____ agree to serve as a volunteer in the Neshaminy School District ("District"). I affirm that I have read the attached Board Policy and agree to follow with guidelines as set forth therein.

I understand that the administrator, teacher, or supervisor who is employed by the District who is overseeing my volunteer activity is the decision maker, and I will respect his or her authority. When working with students, chaperoning field trips or school activities, I will report to the person of authority all incidents of inappropriate behavior or any hazardous situations that I witness.

I understand that as a volunteer I will be viewed as a representative of the School Board and Administration. I will conduct myself in a professional manner and will maintain a professional relationship with students.

I agree to respect the privacy and anonymity of each child by maintaining the confidentiality of any information that I receive while serving as a volunteer.

I agree to report all incidents of suspected child abuse to the teacher or supervisor in charge of my volunteer activities.

I assume responsibility for being familiar with and following Board Policies and Administrative Procedures that are brought to my attention.

As a measure to ensure the safety of Neshaminy students and staff members, I understand that all volunteers who are not within visible and/ or voice contact of another staff employee would be required to have clearances.

As a volunteer, I am required to receive tuberculosis screening if my volunteer work may involve ten or more hours per week in direct contact with children. I understand I must be documented free from tuberculosis before serving as a volunteer.

Volunteer's signature

Date