

**QCSD VOLUNTEER AFFIRMATION**

I \_\_\_\_\_, agree to serve as a volunteer in the Quakertown Community School District. I affirm that I have read district policy and administrative procedures relevant to serving as a volunteer in the district and I agree to follow the guidelines as stated in policy and administrative regulation. I further agree to be aware of and comply with district policy, regulations and administrative procedures regarding reporting of child abuse, possession or distribution of any controlled substance, student hazing, discrimination, use or possession of tobacco, and accommodation of special needs students.

I understand that I am not an employee of QCSD and the teacher or supervisor is the decision maker and will respect his/her authority during any and all activities. When working with students, chaperoning field trips, activities or athletic practices and/or games, I will report all incidents of inappropriate behavior or any situation that violates the student code of conduct or places students in danger to the teacher or supervisor in charge.

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

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

I further agree that I enter the Volunteer Program of my own free will, to serve without cost to the district, understanding that I am not an employee or agent of the district and therefore not covered by any of its insurance programs or policies and therefore I assume all responsibility for any injury, accident, or illness that may occur to me during my volunteer service and release the district, its agents or employees from any and all liability for the same, and hereby agree to indemnify them and save them harmless for any sums they may be required to pay on my account.

I also understand that a recommendation from the building principal and/or head coach is required and that my acceptance as a volunteer is subject to approval of the Superintendent or his/her designee.

I understand that if I am in direct contact with students ten (10) or more hours per week, I am required to obtain a tuberculosis (TB) screening. If I am in direct contact with students less than ten (10) hours per week, I am not required to obtain a TB screening; however, I understand that I have the affirmative obligation to notify the building principal and the Human Resources Department if my hours should increase to ten (10) or more hours per week.

Check one of the following:

- ☐ I will have direct contact with students *less than* ten (10) hours per week.
- ☐ I will have direct contact with students ten (10) or more hours per week.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date