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**Volunteer Application Packet**

Submit this completed Volunteer Application Packet to your school office or the District Office.

**Check one:**

\_\_\_ Parent/Guardian Volunteer \_\_\_Community (Non-Custodial) Volunteer

(includes step-parents, grandparents, aunts, uncles, and older siblings)

|  |  |
| --- | --- |
| First Name  | Last Name  |
| Street Address | City, State, Zip  |
| E-Mail  | Date of Birth (Must be at least 21 years old) |
| Home Phone  | Cell Phone  |

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_ Teacher:\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_ Teacher:\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_ Teacher:\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? NO YES

(If yes, please state the nature, date and place of conviction.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a crime against children? NO YES

(If yes, please state the nature, date and place of conviction.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any medical issues/allergies or medications we should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission to have emergency care administered. Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only – Enter Dates**

Paperwork Received: \_\_\_\_\_\_\_\_\_\_\_\_ Entered in Synergy: \_\_\_\_\_\_\_\_\_\_\_ Training Received: \_\_\_\_\_

Background Check Completed: \_\_\_\_\_ Fingerprint Card Received: \_\_\_\_\_\_

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**Volunteer Application Packet**

Please submit this completed packet to

your school office (parents and community volunteers)

or the District Office (community volunteers only).

I certify that all data and information submitted in this application is truthful and accurate and that no information has been omitted. I have read the Litchfield Elementary School District’s Volunteer Guidelines and completed the Volunteer Training. I agree to abide by all District rules and policies.

I agree to receive e-mail from the school and their representatives in regards to volunteer opportunities.

In accordance with A.R.S. § 15-512, Volunteer Application Packets for all non-custodial volunteers must include a copy of your photo identification for a background check. Fingerprints are required for overnight trips.

In the event I am injured while volunteering, I understand that my own accident and/or health insurance will be necessary.

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

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

This private information will be held in strict confidence.

Volunteers must submit a new Volunteer Application Packet every school year.

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**Field Trip Guidelines**

1) Approved parent and community volunteers may accompany students on field trips. Photo identification is required at all times. Prospective volunteers must submit a completed Volunteer Application Packet and proper identification, and they must complete the online Volunteer Training. Fingerprint clearance is required for overnight field trips.

2) Siblings are not allowed on field trips. All volunteers must be at least 21 years old.

3) Tobacco, alcohol, and drugs are strictly prohibited from all Litchfield Elementary School District campuses and facilities. Volunteers may never use these products on a field trip.

4) Inappropriate language is not permitted in the presence of children. Please model good manners and professional behavior.

5) Volunteers must sign in and check out at the school office. Proper identification is required.

6) Please stay with your student group from the start to the finish of the field trip. Field trips end when all of the students are back at school. Students may not be checked out from field trips.

7) Cell phone usage is highly discouraged on field trips.

8) Students must always remain at the field trip site. Field trip chaperones may not take students anywhere else, including neighboring shops and restaurants.

9) Chaperones must take responsibility for all assigned students. Do not trade or abandon students in your group. Speak privately with the teacher if you are uncomfortable with your group.

10) Get an emergency contact phone number from the teacher before you and your group venture out independently. Use this number in case of emergency.

11) Unless pre-approved by the teacher, concession stands, gift shops, and rides are prohibited.

12) Students should use the restroom in pairs or teams. Please monitor the students from outside of the restroom. It is appropriate to have students wait for each other until everyone is ready.

13) Posting field trip photos to social media is prohibited. Many parents have not authorized their children to be photographed.

Volunteer Application Packet

Revised: 7-2021/sh