

Print Name

RVSD Volunteer Application

This application must be completed if you wish to be a Site-Based Volunteer, Field Trip Driver, **and/or** an Overnight Field Trip Chaperone. The following forms are required:

| Last Name | ! | First Name | | MI | |
|--|----------------------|--|--------------------------|-------------------------|--|
| ess:Street | | City | Zip Code | Telephone Numbe | |
| ent Name: | | Relationship to Student: | School: | | |
| | | Relationship to Student: | | | |
| ent Name: | | Relationship to Student: | School: | | |
| ent Name: | | Relationship to Student: | School: | | |
| of abuse and/or in | nvolved in any ille | dent should be held in strict confidence egal activity. that will not be distracting from the educ | | es he/she is the victim | |
| of abuse and/or in | nvolved in any ille | gal activity. | | es ne/sne is the victim | |
| As a matter of safe (i.e. class parties, | | g siblings and/or children not enrolled in | the classroom during a | ny volunteer hours | |
| All accidents/injuri | es must be repor | ted immediately to the Principal or Princi | ipal's Designee. | | |
| School staff is res | oonsible for discip | pline and grading will be handled by the | student's teacher. | | |
| I will sign in and o | ut at the school o | ffice and wear a school visitor badge at a | all times while voluntee | ring. | |
| While volunteering marijuana, etc). | ı, I will not bring, | distribute or consume any prohibited sub | ostances (i.e. tobacco, | alcoholic beverages, | |
| | | | considered gross negli | | |

Signature

Date