

VOLUNTEER AND UNPAID ASSISTANTS AGREEMENT

Name: _____ Address _____
_____ Phone _____

1. Emergency Contact:

Name: _____ Address _____
Phone _____

Do you have any medical concerns that you feel we should be aware of? _____ No ___ Yes
If Yes, please explain below

2. References: (Give the names of three persons **NOT related** to you, whom you have known at least one year)

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Yrs Known</u>
1.				
2.				
3.				

List any previous group or individual experience working with children (paid or volunteer).

As a volunteer working in the School District Fall Creek, I fully understand that this position is, as stated, on a volunteer basis which inherent in its meaning, entitles me to no pay or wage for my services. I further understand that I am expected to follow the rules of behavior that are expected of other staff which are hired by the district. I will be accountable to the building administrator, athletic director and the Fall Creek School Board. I do understand that this agreement can be terminated without notice at any time by either the school district or the volunteer.

To ensure the safety of both the volunteer and student, I authorize the district to make a confidential background check, and I will provide the necessary information to do so (see attached)

I have read and understand this agreement.

Signed _____ Date _____

	Office Use	
Program	Date Rec'd	Administrator

Background Check Completed on the _____ day of _____, 20____
Volunteer Approved _____ Volunteer Denied _____

