

VOLUNTEER ORIENTATION and AGREEMENT

FRONT

Name of Volunteer: _____ Phone Number: _____

School of Assignment: _____ Volunteer Assignment: _____

Volunteer Email Address: _____

REFERENCES

Most Recent Employer

Name of employer: _____ Phone: _____

What were the employee's basic job duties: _____

Second Most Recent Employer

Name of employer: _____ Phone: _____

What were the employee's basic job duties: _____

VOLUNTEER AGREEMENT

By signing this document, I hereby agree to conform to all applicable laws, rules, and WCSD policies. I understand that in the course of volunteering, I may be dealing with confidential information, and I agree to keep said information in the strictest confidence. I will follow the supervision and direction of the teacher or administrator to whom I have been assigned. Failure to do so may result in the school discontinuing my services.

I hereby authorize the District to conduct Utah State required reference checks on my previous employers (if applicable) and permit my previous employers to release information regarding my performance, dates of employment, history, and disciplinary action. I understand that should I have significant unsupervised access to students that I must submit to a background check through the district office. I understand that the school district will maintain and continuously monitor background records until such time as I notify them that I am no longer a volunteer. I also understand that I should bring a signed copy of this document to the district office at the time I am fingerprinted (if applicable).

Volunteer's Signature

Date

TRAINING

All WCSD volunteers must receive training on the bullying, hazing and nondiscrimination prior to beginning their volunteer assignment. This training is available by going to go.washk12.org/volunteer. By initialing below, you certify that you have received training and understand the concepts discussed.

Initial

Training Subject

Volunteer Signature

Date

Volunteer Orientation Training

TO BE FILLED OUT BY VOLUNTEER

VOLUNTEER TRAINING AMMENDMENT

By signing this document I certify that I have watched the volunteer training video and I understand the materials discussed therein. I further acknowledge my understanding that should I have further questions regarding the training material I may reach out to my administrator, supervisor, or Michael Lee in the Human Resources Department for further clarification.

Print Name

Signature

Date

By signing this document I certify that the employee referenced above has verbally confirmed that they have watched, in its entirety, the volunteer video training as required in Utah Code Section 53-9-607.

HR Tech Name

Signature

Date

Scan the QR code to
access the training video.

