



Boulder Valley School District

File: IJOC-E

Adopted: June 4, 2013

Revised: May 4, 2015

- TLogiQ Background Screening
- CBI Fingerprint Screening
- CDE Teaching License or Other



2017-2018

VOLUNTEER APPLICATION

1. PERSONAL INFORMATION

Full Name: Last, First, MI

Current Physical Address, City, State, Zipcode

Current Telephone Number

Email Address (Print Clearly)

Date of Birth

Gender:

Notify in case of emergency

Name

Telephone Number

Name(s) of child(ren) attending school in Boulder Valley School District:

2. Placement Request

Classroom. Teacher: _____

Volunteer Coach (MS or HS Athletics). Sport: _____

Before/After School Program. Name of Program: _____

Field Trip. Date and Destination: _____

Overnight Chaperone/Driver. Date and Destination: _____

Clerical/Front Office/Library. Describe: _____

Other. Describe: BAUD

Centaurus
School Requested

Aaron Vogelsberg
Contact Person at School

aaron.vogelsberg@bvsd.org
School Contact Email/Telephone No.

3. ACKNOWLEDGMENTS:

- a. I understand that if I am approved as a volunteer, I will be required to adhere to all applicable laws, District policies and regulations, and school rules; and that my volunteer activities will be directed by the principal or designee.

- b. I understand that the District reserves the right and discretion to deny my application and may suspend, restrict, and/or terminate my status and service as a volunteer at any time for any reason.
- c. I understand that failing to maintain the confidentiality of all student education records and information may disqualify me from further service as a volunteer. I will not disclose, use, or disseminate student photographs or personal information about students.
- d. As a condition of being permitted to volunteer for the District, I assume the risks of personal injury or property damage that may result from my volunteer activities. I hereby agree to waive any and all claims arising out of any such injury or damage. I understand that I am not covered by the District's worker's compensation insurance.
- e. I will share with teachers and/or school administrator any concerns that I may have related to student welfare and/or safety.
- f. I agree not to exchange telephone numbers, home addresses, email addresses, or any other personal information with students unless it is required as part of my role as a volunteer. I will not contact students outside of my volunteer activities without permission from the students' parents.
- g. I agree not to transport students without the express permission of the school and in compliance with District Policy EEAE.
- h. I will ensure that my communications with school staff are courteous and professional; and that I am dependable in my service.
- i. I will not receive any compensation from any source for my volunteer activities. I will not accept gifts for my volunteer service with a face value in excess of \$25, including group gifts and gift cards.
- j. Volunteer Coaches Only:
 - i. I understand that at all times my volunteer service will be under the direct supervision of the Head Coach, and that the principal or designee will determine the responsibilities of my volunteer position.
 - ii. I will be familiar with and abide by all District and CHSAA rules governing athletics and activities.

I affirm that I have read and understand all the information above, that all information I have provided is true and accurate, and that I agree to abide by all sections and conditions above.

Print Name

Signature

Date

Applicants to be Level 2 and Level 3 Volunteers¹ also complete AUTHORIZATION section on next page.

¹ See BVSD Regulation IJOC-R

Level 2 and 3 Authorization: I understand that at any time prior to and during my volunteer service Boulder Valley School District may complete a background check to include criminal and/or motor vehicle background checks, and that I may be responsible for the cost of the criminal and motor vehicle background checks. I authorize persons and entities contacted by the District in connection with this application to provide information about me. I expressly waive any claims that I may have against the District, its agents and officials or against any third party in connection with information requested and provided for the background check.

Refusal to provide authorization for criminal and motor vehicle background checks or providing false or misleading information will result in denial of application or termination of service as a volunteer. I also agree to notify the principal if I am arrested for or charged with a misdemeanor or felony at any time after completion of my Volunteer Application.

By signing below I affirm that I agree to the Authorization above pertaining to Level 2 and Level 3 Volunteers.

Print Name

Signature

Date

For Office Use Only – Volunteer Level Approved:

- Level 1 (No contact, incidental contact, or directly supervised contact with students) AND Not on Sex Offender Registry (sor.state.co.us) ____/____ (initials/date).
- Level 2 (Indirectly supervised contact with students)(Background Check Required)
- Level 3 (Driving Students)(Background Check & Compliance with Policy EEAE Required)

Administrator Signature

Date