

Ajo Unified School District #15
111 N. Well Road
Ajo, AZ 85321

School Volunteer Application and Confidentiality Agreement

Name: (Last) _____ (First) _____ (M.I.) ____ Date: _____

Address: _____ Home Phone: _____

City/State: _____ Zip Code: _____ Cell Phone: _____

Email address: _____

Please check appropriate box:

Parent Community Member Other Volunteer Status Retired Teacher? Yes No

Student: Major _____ Expected Graduation Date: _____

If any, name(s) of child(ren) attending Ajo Unified School District Schools: (Name/Grade/School)

Previous Volunteer Experience: _____

Type of Volunteer Work Preferred: (mark all that apply)

Assist in Classroom Clerical Work Work in Library Assist with Computer Instruction

Work with Individual Child Work with Small Groups of Children

Assist in academic areas: Math Science Reading English Language Learner (ELL)

Language:

Other:

Speak to a class on my specialty, which is: _____

Demonstrate my talent to a class, which is: _____

Other: _____

Times Available (circle one): M T **W** TH F ½day full day

School Site Preferred: _____ Grade Level: _____ Teacher of Record: _____

Duties/Position (To be filled out by Supervisor):

Have you ever been:

1. Discharged, not-renewed or banned from any volunteer organization? Yes No
2. Convicted of any misdemeanor or any felony? Yes No
3. Convicted of any offense that involves drugs or alcohol? Yes No
4. Presently charged with a crime that is currently pending or not yet adjudicated? Yes No

If the answer to any of the above is "yes", please explain:

I, the undersigned, certify that the foregoing is true and correct. I understand that I am offering to volunteer with Ajo Unified School District (AUSD) and that AUSD may, at its discretion, decline my offer of volunteer services. In the event my volunteer services require a criminal background check under AUSD policy _____, I am responsible for the cost of the check and that I may not be reimbursed for this expense. Further, if I am accepted as a volunteer, I agree to the following:

1. I am volunteering without promise, expectation, or receipt of compensation for my services;
2. I will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly and clearly authorized within the scope of my work and that I will abide by all applicable AUSD & school policies and procedures and with all applicable laws. I will report to the school Principal or to the Principal's supervisor any individual's or entity's activities that I suspect may compromise the confidentiality of student information.
3. I am under the supervision of the school Principal or the Principal's designee.
4. I will immediately notify the school Principal where I volunteer upon being charged with any crime.
5. Any fraudulent application, violation of confidentiality or any violation of the above provisions may result in termination of my status as a AUSD volunteer.
6. If required for my volunteer position I have or will obtain fingerprint clearance.

Volunteer Signature

Date

Approval: _____
Principal Signature Date

Approval: _____
Superintendent Signature Date

Signature of school representative verifying ID (Driver's License Or State ID) _____

***SCHOOL PERSONNEL: MUST MAKE A COPY OF ID AND ATTACH TO APPLICATION**