Nadaburg Unified School District #81
Volunteer Application

Last Name: _____ First Name: _____ Middle Initial: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Telephone: _____ Cell Phone: _____ E-mail Address: _____
School you wish to volunteer at: _____
Does your child attend this school? ☐Yes ☐No Child's first and last name: _____
Have you previously been employed by Nadaburg Unified School District? ☐Yes ☐No If so, indicate dates, location & position:
_____
Have you previously volunteered Nadaburg Unified School District? ☐Yes ☐No If so, indicate dates, location & position:
_____
Emergency Contact: _____ Phone: _____

I understand that, as a volunteer, I am not compensated for any services, including wages and insurance. I further understand that I have the right to terminate my volunteer status at any time with or without cause, and Nadaburg Unified School District #81 has a similar right. I declare that I am 18 years of age or older and know of no reason which would prevent me from performing the tasks required. I am familiar with what is required to perform those tasks and have the skill and ability to perform them. I assume full responsibility for my own safety and the safety of others.

Signature: _____

As a volunteer, I agree to abide by the following code of conduct:

- I will sign in at the front office or other designated sign in station upon arrival to campus.
- I will always wear a volunteer identification badge while on campus.
- I agree to never be alone with individuals without authorization of teachers and/or school authorities.
- I will maintain confidentiality outside of school and will share any concerns that I may have with school administration.
- I agree not to transport students.
- I will not disclose, use or disseminate student photos or personal information about students.
- I agree not to post, transmit, publish or display harmful or inappropriate matter that are threatening, obscene, disruptive, or sexually explicit or that could be constructed as any form of harassment.
- I agree to only to do what is in the best personal and educational interest of every student with whom I come into contact. All school district personnel are required by law (A.R.S. 13-3620) to report suspected child abuse. Failure to do so is a crime. This applies to all employees and volunteers when acting in the scope of their work with Mountainside High School. If abuse is suspected, contact school administration for reporting procedures.

Last Name: _____ First Name: _____ Middle Initial: _____
Signature_____ Date _____

Please be prepared to provide a copy of a photo ID and DPS Fingerprint Clearance Card.

Administrator Approval: _____ Date _____