

Volunteer APPLICATION

Full Name _____
Last First M.I.

Address _____
Street Address Apartment/Unit#

_____ City State Zip Code

Cell Phone _____ Alternate Phone _____

Email _____

Department ☐ Elem. ☐ JH ☐ HS ☐ Coach ☐ Other _____

Student Name _____ Relationship _____ Grade _____

Student Name _____ Relationship _____ Grade _____

Student Name _____ Relationship _____ Grade _____

Emergency Contact Information

Full Name _____
Last First M.I.

Cell Phone _____ Alternate Phone _____ ☐ Home ☐ Work

Relationship _____

Volunteer COMMITMENT

Read and sign below

Thank you for your willingness to volunteer at the school. The Office of Education, Southeastern California Conference of Seventh-day Adventists, believes it is imperative that those working with children have meaningful guidelines for conduct in order to protect the safety and well-being of all involved. Working with children and youth is not only a privilege, but also a serious responsibility that must be approached with utmost care. We are asking that you commit to the following actions while volunteering for your school.

- Cooperate with the staff of the school and gladly follow their direction.
- Model Christian behavior and language with care, kindness, and professionalism.
- Provide appropriate supervision at all times, never leaving unattended a student or group of students for whom I am responsible.
- Avoid all situations where I would be alone with one student. If impossible, I will ensure it is for brief periods of time and in a public place that others can easily access or see inside.
- Avoid physical contact with students. In emergency situations where touching may be necessary, I will ask the student for permission.
- Respect the privacy and honor the confidentiality of students, families and staff.
- Affirm student behavior with appropriate comments that cannot be misunderstood.
- Abstain from disciplining students but direct those situations to staff members.
- Avoid private communication with students via texting, social media, etc.
- Cooperate with the volunteer screening process as required by the school.
- Understand there is no payment nor employment relationship for services rendered.
- Understand my privilege to volunteer may be rescinded at any time by the school administrator.

I have read this document and agree to abide by the School Volunteer Commitment outlined above.

Print Name

Signature

Date