



# HAYWOOD COUNTY SCHOOLS VOLUNTEER Agreement and Code of Conduct

- I will sign IN and OUT with the office every time I come to the school.
- I will wear or show volunteer identification while I am on school premises.
- I will not bring my children with me when volunteering.
- I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
- I understand my work with students is always confidential and will not discuss any information shared with me to others outside of the school at any time.
- I understand that I have a legal obligation to contact and report, to the principal, any suspected abuse, neglect, or any other concerns that I may have related to student welfare or safety that is revealed to me by a child.
- I will not contact any student outside of school hours or remove him/her from school at anytime without written permission from the student's parents or legal guardian.
- I will never take pictures of students with my cell phone/camera or show students' pictures/videos on my phone or on any social media website.
- I will not interrupt instruction occurring while serving as a volunteer.
- I will maintain professional boundaries at all times and avoid unwarranted and/or inappropriate touching of a student.
- I will not attempt to discipline any student; instead, I will immediately tell the student's teacher or a school administrator if discipline is needed.
- I will follow the school's dress code for employees and will maintain a professional appearance at all times.
- I will never use or be under the influence of drugs, alcohol, or tobacco products while performing volunteer services, regardless of location.
- I will never ask a student to use his/her login and password to access the internet; instead, I will only use the internet at the direction of school personnel.
- I will maintain a constructive attitude and courteous demeanor at all times.
- I understand this agreement can be cancelled at any time, without prior warning, at the discretion of either party.

## PLEASE RETURN THIS FORM TO THE SCHOOL IN WHICH YOU WOULD LIKE TO VOLUNTEER

Volunteer's Printed Name \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

School Assigned \_\_\_\_\_ Program Requesting Vol. Assistance \_\_\_\_\_

Criminal Record Check:  Approval  Denial Signature: \_\_\_\_\_ Date \_\_\_\_\_