



# Volunteer Information Form

Student Name \_\_\_\_\_  
Grade \_\_\_\_\_  
Relationship to student \_\_\_\_\_

## TIER I

On behalf of the Governing Board and Administration of Bullhead City Elementary School District, we appreciate your interest in our district. We are proud of our outstanding teachers and support staff, however, the quality of our services is significantly enhanced by hundreds of individuals, like you, who contribute their time and talents. Because of the tremendous responsibility we have to the children of our community, the following information is needed from each individual who has contact with our students. The district may choose to conduct a background check on individuals (including volunteers) who provide services to students. Please be aware the district may decline volunteer services based upon criminal activity related to violence, physical abuse, sexual abuse, or alcohol/drugs. We appreciate your willingness to provide us with this information. Please complete the following Volunteer Information Form and return to your preferred site. Again thank you for your services.

NAME OF SCHOOL TO BE A VOLUNTEER \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street with apartment number) (City, State, Zip Code)

EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

### EMPLOYMENT EXPERIENCE

CURRENT/MOST RECENT EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street) (City, State, Zip Code)

TELEPHONE \_\_\_\_\_

DATES OF EMPLOYMENT \_\_\_\_\_

### CONVICTION INFORMATION

(This info is kept confidential in HR)

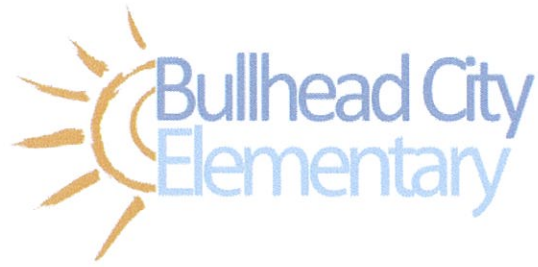
Have you ever been convicted of an offense related to violence, physical abuse, sexual abuse, or alcohol/drugs?

Yes  No

If yes, please attach a separate sheet of explanation.

- I understand that all student records are confidential and agree not to divulge student information to any party without a specific need to know.
- I understand and agree I will not have contact with students without direct oversight by an approved BCESD staff member.
- I have received and read an "Overview of Pertinent Policies and Procedures" and "Suggestions for Avoiding False Allegations."
- I certify that the above information is true and authorize the Bullhead City School District to independently verify all information provided including a criminal background check.

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



## CONFIDENTIALITY REQUIREMENT FORM

Volunteers are required to comply with all requirements concerning handling of, and exposure to confidential information and materials in the school setting.

I, \_\_\_\_\_ a volunteer of Bullhead City Elementary School District have been informed of my personal responsibility to honor and protect confidential matters and documents to which I have been exposed or have access to in my official volunteer duties.

Further, I understand and agree that willful violation of the confidentiality of any student's school related information shall result in immediate removal from my volunteer assignments.

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**Volunteer**

**Date**

# BULLHEAD CITY ELEMENTARY SCHOOL DISTRICT

## VOLUNTEER CODE OF CONDUCT

(This document defines the district’s expectations for all school volunteers)

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

1. Immediately upon arrival, I will sign in at the main office or the designated sign-in area.
2. I will wear or show volunteer identification.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
5. I will not contact students outside of school hours without permission from parents.
6. I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
7. I will maintain confidentiality outside of school and will share with teachers and or school administrators any concerns that I may have related to students welfare and or safety.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district and will abide by District Administrative Procedures when transporting students.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree to follow the district procedures for screening of volunteers.
11. I agree to notify the school principal if I am arrested for any reason, including misdemeanor or felony sex, drug or weapon related offense.
12. I agree only to do what is in the best personal and educational interest of every child with whom I come in contact.
13. I have read and understand “The Overview of Pertinent Policies and Procedures” and “Suggestions for Avoiding False Accusations” and commit to abide by correct practices.
14. I understand that my volunteer services must be approved or disapproved by the site Principal.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

