

VOLUNTEER REGISTRATION FORM / DISCLOSURE SHEET

In accordance with **Policy 916**, all volunteers must have a registration form/disclosure sheet on file in the Fairfield Area School District Central Office.

Name _____ Phone _____

Address _____ Cell Phone _____

E-Mail _____

Are you a parent of a current FASD student?

Student's Name(s) _____ Building _____

Area of Interest (check all that apply)

- Classroom / Building District Athletic Coach Chaperone
 Other (Where? Please describe)

Name of employee/teacher you will be working with (if applicable) _____

As a school volunteer you may become aware of information about a student and their family which is confidential. This can include grades, performance, skill levels and other information shared in the classroom. It is imperative that this information remain strictly confidential. Discuss student behavior and/or progress **ONLY** with the teacher.

I agree that confidentiality of student information is critical and I shall protect such information should I become aware of it.

I have received and reviewed a copy of the Fairfield Area School District Volunteer Policy. I understand the procedures and responsibilities as a volunteer and I agree to abide by them.

Volunteer Signature

Date

Superintendent Signature

Date Approved

EMERGENCY INFORMATION FOR VOLUNTEERS

Print Name _____

Birthdate _____

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____

Physician Preference _____ Physician's Phone _____

Special Health Problems /Allergies/Medications we should know about, i.e. bee stings, diabetes, etc. _____

In the event that I need emergency treatment requiring ambulance service and/or medical care, you have my permission to seek help as listed above or nearest MD/DO or ambulance/ hospital available. I will assume responsibility for fees incurred by such an emergency (via my medical insurance if applicable).

Signature **Date**