

SCHOOL DISTRICT OF MONDOVI
VOLUNTEER AGREEMENT

Name: _____

Address: _____

Phone: _____

Volunteer Position: _____

The School District of Mondovi recognizes that certain programs and activities can be enhanced through the use of volunteers who have particular knowledge or skills that will be helpful to members of the professional staff responsible for the conduct of those programs and activities. Thank you for your willingness to be a volunteer!

According to Board of Education Policy 3120.09-Volunteers and Policy 4120.09-Volunteers, the School District of Mondovi is to inform each volunteer that s/he:

- A. Shall agree to abide by all Board policies and District guidelines while on duty as a volunteer;
- B. Will be covered under the District's liability policy, but the District cannot provide any type of health insurance to cover illness or accident incurred while serving as a volunteer, nor is the person eligible for workers compensation;
- C. In accepting the role of a volunteer, agrees to verification that a satisfactory background check and/or driver's record check may be conducted through appropriate State agencies or other applicable means.

As a volunteer working in the School District of Mondovi, I fully understand that this position is, as stated, on a volunteer basis which inherent in its meaning, entitles me to no pay or wage for my services. I further understand that I am expected to abide by Board policies and District guidelines. I will be accountable to the School District of Mondovi, and its designees. I do understand that this agreement can be terminated without notice at any time by either the School District of Mondovi or the volunteer. To ensure the safety of both the volunteer and the students, I authorize the School District to make a confidential background check, and I will provide the necessary information to do so. I have read, and understand, this agreement.

Signature: _____

Date: _____

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For Office use only

Activity Director Approval: _____

Date: _____

Superintendent Approval: _____

Date: _____