



Volunteer Application

To be eligible to volunteer for Communities In Schools of Madison County you must fulfill the following requirements:

- Authorized signature for criminal background check (your signature on bottom of application).
- Complete, sign and return the ‘Confidentiality Statement’ with application.
- Complete sign and return “Accident Waiver and Release of Liability” form.
- Review & detach Communities In Schools of Madison County’s “Volunteer Policy” (to keep for your records).
- Attend a volunteer orientation/training session (held throughout the school year).

Name _____
(Print) Last First Middle Maiden

Date of Birth: ____/____/____ Gender: male or female Social Security #: ____ - ____ - ____
month/day/year circle one

Address: _____
Street Town State Zip

Home/Cell Phone: _____ Work Phone: _____ Email: _____

Employer: _____ Title/Position: _____

Employer Address: _____
Street Town State Zip

Other counties in North Carolina where I have resided: _____

Other countries, states & counties where I have resided: _____

List any skills and/or experiences that may benefit the school system through your volunteerism:

Name of school(s) where I will be volunteering: _____

Days/ times of the week that you will be able to volunteer _____

Position you wish to volunteer for (circle all that apply): Tutor / Mentor / Program Assistant
Other: _____

As an applicant for the position of VOLUNTEER, I understand that a criminal record check will be conducted and that this will not necessarily disqualify me. I have reviewed Madison County School’s Volunteer Policy statement and the information provided on this page is correct to the best of my knowledge.

Authorized Signature of Volunteer Applicant _____ Date _____

Statement of Confidentiality

I understand that in the course of my association with Communities in Schools and the Madison County Public School System, I share the responsibility of maintaining the confidentiality of any employee or student information that I may have available to me. I understand that it is my responsibility to assure rights and confidentiality of information both written and verbal.

As a volunteer, I will work with the highest standards, committed to the idea that my work will benefit students. I promise to be prompt and dependable, carry a positive attitude, and a willingness to be trained. I will abide by the rules, regulations and procedures of the Madison County Public School system as well as the school(s) I am volunteering.

I understand that in the performance of my duties, I am not to discuss academic or other confidential information regarding student or employees with anyone. Any breach of confidentiality will be carefully reviewed and if substantiated could result in termination of volunteer involvement with the School District, and may result in legal action.

I acknowledge that I have read and understand this statement of confidentiality.

Volunteer Signature	Printed Name	Date
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Reference Section

Note: Applicant understands the importance of limiting volunteer opportunities in the schools to persons of good character and reputation in order to provide strong role models for children. It is with this purpose in mind that we are required to ask for the following information.

Have you ever been convicted of a felony or the possession, sale, or use of drugs? Yes No

If the answer is yes, please explain: _____

Please provide the names and contact information for three (3) references. Please do not list relatives

1. Name _____ Phone : _____
Address: _____

2. Name _____ Phone : _____
Address: _____

3. Name _____ Phone : _____
Address: _____

I declare that all of the statements made in this application are true, complete, and correct to the best of my knowledge. By my signature on this document I give permission for you to contact any of the references provided above. Furthermore, I hereby release all such persons/institutions to furnish this information.

Signature of Applicant	Date
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Madison County Schools

Accident Waiver and Release of Liability

I HEREBY ASSUME ALL RISKS OF PARTICIPATING OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holder sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

1. I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event.
2. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event whether caused by the negligence of release or otherwise.
3. I acknowledge that the Madison County School Board of Education, its directors, officers, volunteers representatives, and agents ARE NOT responsible for errors, omissions, acts or failures to act of any party entity conducting a specific event or activity on behalf of the Board.
4. This Accident Waiver and Release of Liability shall be constructed broadly to provide a release and waiver to the maximum extent permissible under law.

I certify that I have read this document and fully understand its content. I am aware that this release of liability is a contract and I sign it of my own free will.

Printed Name

Signature

Date

PARENT/GAURDIAN WAIVER FOR MINORS

The undersigned parent/guardian does hereby represent that he/she is, in fact, acting in such capacity has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child/ward, to the terms of the Accident Waiver and Release of Liability set forth above. The undersigned parent/guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said partied because of any defect in or lack of such capacity and release said parties on behalf of the minor and the parents/guardians.

Printed Name of Parent/Guardian

Signature

Date

(Parent/ Guardian must sign if applicant is under 18 years old)