



Evansville Community School District  
 340 Fair Street  
 Evansville, WI 53536  
 608-882-5224

VOLUNTEER AGREEMENT

I, as a volunteer working in the Evansville School District, fully understand that this position is, as stated, on a volunteer basis, which inherent in its meaning, entitles me to no pay or wages for my service from the Evansville School District. I further understand that I am expected to follow the rules of behavior that are expected of the Evansville School District staff and other rules as they pertain to my duties. I do understand that this volunteer agreement can be terminated without notice at any time by either the school district or the volunteer.

\_\_\_\_\_ I have read and understand the volunteer agreement.

Print Name: \_\_\_\_\_  
 (Last name, First Name Middle Initial)

\_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
 Name Phone

\_\_\_\_\_ Signed \_\_\_\_\_ Date

Please check all that apply

Assignment	Building
<input type="checkbox"/> Classroom helper	Levi Leonard Elementary
<input type="checkbox"/> Chaperone	Theodore Robinson Intermediate
<input type="checkbox"/> Tutor	JC McKenna Middle
<input type="checkbox"/> Other-	Evansville High School

Classroom/Teacher Volunteering for: \_\_\_\_\_

\_\_\_\_\_ Principal Signature \_\_\_\_\_ Date

Please return completed form to the applicable building office.

Office Use Only:  
 Background check date \_\_\_\_\_  
 Volunteer approved date \_\_\_\_\_

By \_\_\_\_\_