

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: \_\_\_\_\_

\_\_\_\_\_

Address Phone

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

Emergency Contact: \_\_\_\_\_

Name Phone

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

Please check all that apply

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

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

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

Completed form to District Office  
Copies of form to Volunteer Coordinator and Building Office(s)

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

By \_\_\_\_\_