

PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT

**Volunteer Liability and Confidentiality Statement
(acknowledging liability, confidentiality, and expected decorum)**

I understand that as a PARENT VOLUNTEER at _____ School:

- I am required to hold confidential all information that I may obtain directly, or indirectly, regarding pupils/parents/staff.
- I am to conduct myself in a manner that will not be distracting from the educational process.
- As a matter of safety, I will not bring children with me when working any volunteer hours (including class parties).
- School staff is responsible for maintaining student discipline. I will consult with school personnel regarding discipline procedures.
- Entering of grades will be handled by the student's teacher.
- I will sign in at the office and wear visible school identification at all times while working as a volunteer.
- I may be held liable for any act that could be considered as gross negligence in the performance of my duties as a parent volunteer.

I have read and understand each of the above conditions, and I agree to abide by them:

Signed: _____ Date: _____

VOLUNTEER PERSONAL DATA RECORD

(Ms. Miss Mrs. Mr.) _____
Last Name First Name MI Date

Address: _____
Street City Zip Code

Type of volunteer position desired: Classroom Office Library PTA Social Events Other _____

Teacher(s) for whom you will be volunteering: _____

Have you ever been convicted of a crime (or are formal criminal charges pending against you)? Yes No

If yes, please explain: _____

EMERGENCY INFORMATION: In case of an emergency, please notify:

_____ Name Relationship Home Phone Cell Phone

Do you have any severe or chronic health problems: Yes No If yes, please explain: _____

Family Physician: _____ Phone: _____

(The information on this form will only be available to District personnel as necessary.)