



Volunteer Application

Hollis, Brookline & Hollis-Brookline Cooperative School Districts

In order to volunteer for SAU 41, all Volunteers are required to complete the following application. Please be advised that certain volunteer types will be required to complete a criminal background screening. This form **MUST be completed** 30 days prior to the initial volunteer opportunity.

Parent Name: _____ 2nd Parent (if applicable): _____

Address: _____

Telephone Number: _____ E-Mail Address: _____

Child's Name: _____	Grade: _____	Teacher: _____
Child's Name: _____	Grade: _____	Teacher: _____
Child's Name: _____	Grade: _____	Teacher: _____

I/We would be interested in volunteering in the following schools? (Check all that apply)

_HPS _HUES _RMMS _CSDA _HBMS _HBHS

I/We would be interested in the following volunteer opportunities? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Library | <input type="checkbox"/> Classroom support |
| <input type="checkbox"/> Field Trip Chaperone | <input type="checkbox"/> Enrichment activities | <input type="checkbox"/> School Dance Chaperone |
| <input type="checkbox"/> Photocopying | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Assistant Coaching |
| <input type="checkbox"/> Registration Days | <input type="checkbox"/> Other opportunities | <input type="checkbox"/> Special Events (BBQ, Theater, Ceremonies, etc.) |

In performing the specified volunteer service, I acknowledge:

- That I am 18 years of age or older and know of no reason, medical or otherwise, which would prevent me from performing the tasks required;
- That I assume full responsibility for my own safety and the safety of others who might be affected by my actions or omissions. I hereby agree to release, defend, indemnify and hold harmless SAU 41 and its member districts, its agents, employees and officers from any and all claims of illness, bodily injury, personal injury or property damage occurring to me or to others, arising from my negligent, reckless, wanton or intentional conduct while participating in activities;
- That I will perform the volunteer service in compliance with the standards and specifications established or approved by SAU 41 and its member districts and understand that it is their right to suspend or terminate service;
- That I will not interrupt or disturb classrooms or teachers while I am a volunteer. If I need to speak with a teacher, I will follow procedure and make an appointment;
- That I agree to maintain confidentiality at all times;
- That I have never been convicted of a criminal offense and have never been arrested for any offense involving sexual misconduct or moral turpitude.

Volunteer Signature: _____ Date: _____

Volunteer Signature: _____ Date: _____

SAU USE ONLY	
Superintendent Approval: _____	Date: _____
Approval Period (not to exceed one school year): _____	
Criminal Record Check complete: _____ <small>(DATE)</small>	Volunteer Packet returned: _____ <small>(DATE)</small>