UNITED LOCAL SCHOOLS

VOLUNTEER APPLICATION

SCHOOL YEAR 2026/2027

As per Board Policy the district notifies current and prospective volunteers who have or will have unsupervised access to students on a regular basis that a criminal records check may be conducted at any time.

NAME _____

LAST FIRST M.I.

ADDRESS _____

EMAIL ADDRESS: _____

TELEPHONE _____ CELL NO. _____

DRIVER'S LICENSE NUMBER_____

Please list your Children and their Teachers

_____ _____

_____ _____

PREVIOUS VOLUNTEER EXPERIENCE:_____

WHY DO YOU WANT TO VOLUNTEER? _____

PLEASE INDICATE THE TIMES WHEN YOU ARE AVAILABLE: DAYS_____ _____/_____
FROM TO

IN CASE OF EMERGENCY, PLEASE NOTIFY _____PHONE #_____

IF NEEDED, I HEREBY GIVE PERMISSION FOR (1) THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY DR._____ (PREFERRED PHYSICIAN) OR, IN THE EVENT THE DESIGNATED PRACTITIONER IS NOT AVAILABLE, BY ANOTHER LICENSED PHYSICIAN; AND (2) TO TRANSFER ME TO _____ (PREFERRED HOSPITAL) OR ANY HOSPITAL REASONABLY ACCESSIBLE. THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICIANS, CONCURRING IN THE NECESSITY FOR SUCH SURGERY, ARE OBTAINED BEFORE SURGERY IS PERFORMED.

SIGNATURE: _____ DATE: _____

PLEASE LIST THREE REFERENCES (NOT RELATIVES): PREFERABLY PERSONS WHO CAN ATTEST TO YOUR ABILITY TO WORK WITH OTHERS IN A VOLUNTEER CAPACITY.

NAME & ADDRESS RELATIONSHIP	TELEPHONE #
_____	_____
_____	_____
_____	_____

After completion of application, please turn in to the building office.

VOLUNTEER GUIDELINES AND AGREEMENT

1. All volunteers will abide by all Board policies and school procedures while on duty as a volunteer. All volunteers MUST complete a BCI background check.
2. The District cannot provide for volunteers any type of health insurance to cover illness or accident incurred while serving as a volunteer. Volunteers also are not eligible for worker's compensation.
3. All volunteers will release the District from any obligation should he/she become ill or receive an injury while on duty as a volunteer.
4. Volunteers who work unsupervised with children on a regular basis may be required to provide a set of fingerprints so that a criminal records check can be conducted.
5. All volunteers should be good role models and demonstrate professional appearance, behavior and speech at all times.
6. Volunteers will assist a teacher/coach/office staff with specific duties and will be under the supervision of a teacher/coach/office staff.
7. The evaluation of any student in a class or extracurricular activity will be the responsibility of the teacher or coach.
8. All volunteers should keep school records and information confidential.

VOLUNTEER RELEASE FORM

I have offered my services as a volunteer to help the United Local School District in the following marked areas:

- ☐ ELEMENTARY CLASSROOM / ELEMENTARY FIELD TRIP
- ☐ MIDDLE SCHOOL OR HIGH SCHOOL CLASSROOM / MIDDLE SCHOOL OR HIGH SCHOOL FIELD TRIP
- ☐ OFFICE
- ☐ PTO
- ☐ BAND
- ☐ OTHER LOCATION: _____

I agree to abide by all relevant state and federal laws, including, but not limited to O.R.C. §3319.321 and the Family Educational Rights and Privacy Act ("FERPA"), 20 USC §1232g, as well as Board policies and administrative guidelines while on duty for the District. I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

For the protection of the children in the school, I have been informed that I may be required at any time to provide a set of fingerprints and successfully pass a criminal records check.

I agree to respect the privacy interests of District students and their families. To that end, I agree not to create student educational records, or otherwise record the educational activities undertaken during the school day, without the prior approval of the District employee serving as my immediate supervisor. I further agree not to disclose student educational records, or discuss or otherwise reveal personally identifiable information about a student, without the prior authorization of the District employee serving as my immediate supervisor.

If, in the judgment of the District Superintendent, I have failed to abide by the terms set forth in this Volunteer Release Form, I understand that I will be immediately relieved from my status as a volunteer and will be precluded from serving as a District volunteer in the future.

_____ _____

Volunteer's Signature Date

_____ _____

District Witness Signature Date

After completion of application and all administrative signatures are in place, the volunteer Coordinator will send the volunteer a form. This form is for the volunteer to get the BCI background check from the Columbiana County Educational Service Center.

All volunteers are required to take this background check form with them to the CCESC.