

COMMERCE INDEPENDENT SCHOOL DISTRICT

Volunteer Application

Name: _____

Date: _____ Phone(s): _____

Address: _____

Do you have child/children enrolled at Commerce ISD: YES NO

If "YES," which campus (please circle all that apply): CES ACW CMS CHS

I wish to volunteer at the following CISD School (please circle all that apply): CES ACW CMS CHS Other

If "Other," please describe: _____

Volunteer Agreement

*Please read carefully and **initial** each of the following statements. Failure to comply with any portion of this agreement can result in volunteer privileges being revoked.*

_____ I understand that I must clear a background check to work with CISD students, and within CISD buildings or facilities.

_____ I agree to maintain confidentiality regarding students and staff.

_____ I know that I must remain in my assigned area of the building and may not be able to be in the classroom with my child(ren).

_____ I agree to adhere to all standards of conduct and dress expected of other staff on campus.

_____ I will not bring siblings/other children to the campus when I have been assigned an area of responsibility.

_____ I will let the supervising staff person know if I cannot keep a scheduled volunteer time.

_____ I know that I must use **ONLY** the front entrance every time I enter and exit the building, regardless of my assigned area of duty.

_____ I will sign-in and sign-out with front office staff any time I am on a CISD campus.

_____ I will wear a visitor/volunteer badge identifying myself as a CISD volunteer any time I am on the property, or participating in a function of CISD. I realize that my visitor/volunteer badge must be clearly visible at all times. I understand that if I fail to properly identify myself as a visitor/volunteer, I may be escorted to the office, or be asked to leave the premises.

I, _____, have read, understand, and agree to follow each of the above statements, as well as any/all other expectations and stipulations as instructed by CISD Administration or my supervising program staff personnel.

Signature of Applicant

Date

Signature of Campus Principal

Date