



Frederick Classical Charter School

VOLUNTEER REGISTRATION

NAME: _____

CELL: _____ **AND/OR HOME:** _____

MAILING ADDRESS: _____

EMAIL: _____

CHILD NAME: _____ **HOMEROOM TEACHER:** _____

CHILD NAME: _____ **HOMEROOM TEACHER:** _____

CHILD NAME: _____ **HOMEROOM TEACHER:** _____

INTERESTS:

_____ **CHILDREN CLASSROOM HELP** (Your contact information will be directed to your homeroom teacher(s) and they will contact you directly for classroom opportunities.)

_____ **SCHOOL ACTIVITIES** (Receives notices and sign-ups to support picnics, school events, field day, teacher appreciation day, special celebrations)

_____ **DAY TO DAY NEEDS** (Receive notices and sign-ups for periodic assistance with afternoon car rider line, lunchroom assistance, etc.)

_____ **COMMITTEES** (I am already participating or interested in joining a committee. The committee chair will be your contact lead for updates.)

_____ **LIBRARY SUPPORT** (I am already participating or interested in supporting the library volunteer force. Stephanie Koffman will be in touch with you.)

_____ **OPEN TO CONSIDER ANY TASK**

AVERAGE AVAILABILITY: _____



Frederick Classical Charter School

Volunteer Agreement

After attending the Frederick Classical Charter School Volunteer Training for the 2016-2017 school year, I understand my responsibilities as a volunteer. Additionally, I fully understand the policies and procedures established by the FCCS staff and administration.

CONFIDENTIALITY

Confidentiality is of utmost importance. I understand that I may not share confidential information and personal information related to students witnessed during my volunteer assistance. Areas of concern need to be immediately directed to the staff and administration. Sharing that information will revoke my ability to volunteer at Frederick Classical Charter School.

I, _____, agree that I will preserve confidentiality for anything I see or hear while I am volunteering at Frederick Classical Charter School.

BLOOD BORNE PATHOGEN TRAINING

I, _____, have viewed the training on blood borne pathogens. I understand that I may be in situations described and I am prepared to handle any related circumstance as trained.

I agree by signing this form, that I have carefully reviewed the Volunteer Orientation and will read and refer to the volunteer handbook.

PRINT NAME: _____

VOLUNTEER SIGNATURE: _____ **DATE:** _____

HEAD OF SCHOOL: _____ **DATE:** _____

BACKGROUND CHECK AUTHORIZATION

Please Note: Per the underwriting guidelines of the insurance company of FCCS, Inc., FCCS Volunteer Coordination for the 2016-2017 school year and going forward requires our volunteers to agree to a criminal background check. The results of this inquiry are kept confidential and are not shared to any individual for the exception of the Head of School for the purposes of appropriate review, clarification and within the assessment of FCPS policy, safety procedures and legal review.

I, _____, understand and agree that a criminal background check will be performed using the public resources available and the results of this information is not available to FCCS staff, the FCCS Board of Trustees or any other person related to school operations outside of the Head of School and Assistant Vice Principal.



Frederick Classical Charter School

Volunteer Emergency Form

(Confidential: To be kept on file in the office only)

NAME: _____

EMERGENCY CONTACT PERSON'S NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE NUMBER: _____

ALLERGIES OR OTHER HEALTH CONDITIONS: _____

PRINT VOLUNTEER NAME: _____

SIGN VOLUNTEER NAME: _____

DATE: _____