

BOCES Volunteer Agreement

Thank you for offering your time and skills to support student learning!

Last Name:		First name:	
Other names used:			

Within the last two (2) years:

Answer these questions to volunteer with our students:

Have you been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a drug-related offense?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of driving while under the influence (DUI)? Or driving while impaired (DWI)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a sex-related offense?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Below please indicate three non-family member personal references.

(Information may be verified at anytime)

Name	Relationship	Contact phone number

As a Volunteer, I agree to:

1. Respect the confidentiality of all information made know to me regarding students and staff.
2. Neither discipline, nor evaluate students.
3. Abide by all BOCES and host school policies, procedures and practices.

Volunteer's signature: _____ Date: _____

Reviewed by BOCES Administrator:: _____ Date: _____

For office use only:

Board approval date:			
<i>Advised host district:</i>			
Name of school district person contacted:			
Contacted by BOCES staff: (name):		Date:	