



**Cambrian School District
Volunteer Code of Conduct
2021-22 School Year**

Name: _____

(Print Last, First name)

By volunteering with the Cambrian School District, you have a responsibility to the District and to your fellow volunteers, to adhere to certain rules of behavior and conduct. The purpose of these rules is not to restrict your rights, but rather to be certain that the learning environment is not compromised. When a person is aware that they can fully depend upon others to follow the rules of conduct, then our organization is a better place to work for everyone. Volunteers should become familiar with the specific rules at the site(s) at which they volunteer.

Participating in Zoom Meeting during distance learning is considered the same as being in a classroom on district property.

Please review and *initial* the following for your understanding:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | I agree to develop a partnership with an assigned teacher or staff member. |
| <input type="checkbox"/> | I will become familiar with the bell schedule at the school. |
| <input type="checkbox"/> | I will follow the school's chain of command and protocol. |
| <input type="checkbox"/> | I agree to abide by all applicable school rules and District policies and procedures. |
| <input type="checkbox"/> | I will not solicit outside contact with students. |
| <input type="checkbox"/> | I agree not to exchange telephone numbers, home addresses, email addresses or other home directory information with students for any purpose. |
| <input type="checkbox"/> | I will maintain confidentiality outside of the school about the school learning environment, including all records and/or observations regarding students. |
| <input type="checkbox"/> | I will always report suspected Child Abuse to the Principal/Designee immediately. |
| <input type="checkbox"/> | I agree not to transport students without the written permission of parents or guardians and with the expressed permission of the school or district. |
| <input type="checkbox"/> | I understand it is unlawful for me to photograph, video or otherwise record students and staff. |
| <input type="checkbox"/> | I will not disclose, use, or disseminate student photography or videos or personal information about students, self or others in any format including electronic formats (e.g. social networks). |
| <input type="checkbox"/> | I agree not to post, transmit, publish or display harmful or inappropriate content that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment. |
| <input type="checkbox"/> | I will not bring younger children to school (Zoom calls) during my volunteer hours. |



Volunteer Code of Conduct *Continued*

I agree to respect the classroom teachers' and staffs' time during volunteering. For any questions or concerns related to my child, I will request a separate meeting outside of my volunteer time.

I agree to turn off my cell phone or place my cell phone on silent so as to not disrupt the school learning environment.

I agree to dress according to the Cambrian dress code.

I will maintain a drug-free workplace. Employees and volunteers are prohibited from being intoxicated or under the influence of controlled substances while volunteering; use, possession, or sale of a controlled substance in any quantity while on District premises (except medications prescribed by a physician which do not impair volunteer performance) will result in immediate dismissal.

I will not solicit or sell products, services, etc., on District property without the prior written approval of the Superintendent or his/her designee.

My signature indicates I have read and agree to comply with the District Volunteer Code of Conduct and Volunteer responsibilities at all times or cease volunteering immediately.

Print Name of Student/Grade Level

Print Name of Child's Teacher

Print Name of School District Volunteer

Relationship of Volunteer to Student/School

Signature of School District Volunteer

Date

Signature of Principal

Date

In the event of medical emergency, please contact:

Name

Relationship

Telephone

Medical Insurance Carrier (e.g. Blue Cross)

Policy Number