



CENTRAL SQUARE CENTRAL SCHOOL DISTRICT

Thomas J. Colabufio
Superintendent

44 School Drive, Central Square, NY 13036
Phone 315-668-4220 / Fax 315-676-4437

VOLUNTEER/CHAPERONE APPLICATION FORM

For Volunteers or Chaperones who Assist School Programs
or Activities on a Regular Basis or for field trips

Name: _____ Address: _____

Home No.: _____ Work No.: _____

Days & Times Available to Volunteer: _____

Areas of
Volunteer/Chaperone
Interest: _____

Special Skills or Certifications (CPR, First Aid, AED): _____

Volunteers/Chaperones at Central Square Central School District are expected to:

- Sign in and out at the Main Office;
- Wear their Volunteer Photo ID Tag while in the school building or while serving in a volunteer capacity;
- Maintain confidentiality regarding student records and communications;
- Discuss any questions or concerns about the Volunteer/Chaperone Program with the Principal and discuss any concerns about individual students with the appropriate teacher;
- Abide by the District's Code of Conduct and the Rules and Regulations of the School and Classroom in which they are volunteering/chaperoning.

I have read and reviewed the identified Board Policies required to become a volunteer/chaperone. I understand the Policies and have no questions. I hereby affirm that I have no criminal convictions against children, do not appear in the sex offender data base and that I am of good moral character. I understand that no volunteer/chaperone shall be permitted to have unsupervised direct contact with students.

I attest that the information provided in this volunteer/chaperone application is true and correct, and I agree to abide by the expectations outlined. I understand that my services may be terminated at any time without cause and that my application may be approved or rejected by the Building Principal:

Signature

Date

Print Name

Staff Member Requesting

Approved by _____
Principal Date

Superintendent Date

Student Associated With _____