

Name:

## SIOUX FALLS SCHOOL DISTRICT VOLUNTEER REGISTRATION FORM

This form is completed annually. Please return to school office.

## **SECTION 1: VOLUNTEER REGISTRATION FORM**

This section is for <u>ALL</u> volunteers who will be volunteering for the SFSD. If at any time, you will be in the presence of students without a SFSD employee, you are REQUIRED to complete the online background check (Section 2).

First

Middle

AUC	Street	City	Sta	te Zip	
DI		City		te zip	
Pnc	Dne: Day	Evening	E-mail:		
Em	ployer:				
Em	ployer Address:Street	City	State	Zip	
Em	ergency Contact Person:	·		·	
		Address		Phone	
Wh	ere will you be volunteering? (school	location):			
Wit	th whom will you be volunteering? (st	udent name):			
Plea	ase read and initial:				
	Volunteer Commitment: Volunteers add value to our school community by supporting students of all cultures, backgrounds, and abilities. Within the District, respectful and ethical behavior among staff, students and volunteers is expected at all times. In support of this expectation, volunteers must maintain information regarding students, families, and staff as highly confidential. Policy JRA/JRA-R concerns encountered by volunteers are to be reported to the students' teacher or school administrator.				
	Volunteers work without pay on a regula	ar or occasional basis at any Dis	strict site and are subject	to District Policy IJOC/IJOC-R.	
	Volunteers whose name appears on a Sex Offender Registry will be not allowed to volunteer.				
	Volunteer positions/arrangements may be terminated at any time without cause by either the volunteer or the District.				
	Volunteers are expected to inform the to class when expected.	eacher or the school office if u	nable to meet specific re	sponsibilities or if unable to be in	
	Volunteers are required to follow school	sign-in procedures for the sec	urity of students and stat	ff.	
	Volunteers may not use illegal drugs, ald restrooms, playgrounds, parking lots, an			_	
	Volunteers may not engage in unlawful (including pregnancy), sexual orientation or other basis prohibited by law. Repo department director, or the Civil harassment/discrimination and take ap violated the harassment policy and regul	n, national origin or ancestry, d orts of alleged harassment/dis Rights Officer (605-367-5: propriate action against any s	isability, age, military/ve crimination shall be ma 384). The District wi	teran status, genetic information de to the building principal, the II investigate all reports of	
	Volunteers may not use corporal puni student. Physical force may only be us physical force must be immediately repo	sed to defend yourself, defend	l another individual, or t		
	Volunteers, as users of the District's ne sexually explicit, pornographic, threaten		•	, defamatory, obscene, profane,	

Volunteers are to use universal precaution known to be infectious regardless of the infectious materials. <i>Policy GBGA/GBGA-R</i>	_				
	Volunteers are provided access to a volunteer staff handbook to further detail the responsibilities and obligations of the position. Volunteers must review this handbook. This handbook is found at <a href="https://www.sf.k12.sd.us/volunteer">www.sf.k12.sd.us/volunteer</a> or is available at the school office for review.				
I affirm that I have read, understand, and accurate and complete. The information the School District to make inquiry of others, involunteer.	nat I have provided may be	e verified, and I give permission	n to the Sioux Falls		
I understand the information that I have promay not be a District employee) to recruit a		ool personnel and/or volunteer	coordinators (who		
Signature:		Date:			
SECTION 2: ONLINE BACKGROUND CHE	CK (Required for Unsur	pervised Volunteering or Driv	ving Students)		
If at any time you will be in the presence of to complete the online background check.	•	-			
Go to at www.sf.k12.sd.us/volunteer and se	lect the Disclosure and Rel	ease of Information Authorization	on link.		
Date you completed the background check of	online form:				
Criminal background check results are revidistributed to any Sioux Falls School District	-	e Human Resources Departme	nt and will not be		
Signature:					
SECTION 3: ACTIVITY DRIVER CERTIFICA	TION (Required for Dri	ving Students)			
This section is for volunteers who will be dr complete the online background check (Sec		s. If you are volunteering to di	ive, <u>you MUST</u>		
We appreciate your willingness to drive students must meet the following		is the policy of the District that	adults who		
<ul> <li>A valid driver's license;</li> <li>Proof of insurance - Comprehensive Liabili</li> <li>No careless/exhibition driving or driving un</li> </ul>			ım administrator);		
I certify that I meet all the foregoing require	ments. This is in compliand	ce with Board Policy IJOC/IJOC-F	₹.		
Signature:		Date:			
Please print the following information:					
Driver's Name:		Phone:			
Address:					
Street	City	State	Zip		