

MECHANICVILLE 2.0

FREQUENT

MCSD VOLUNTEER/INTERN/STUDENT TEACHER APPLICATION

This form is to be completed by any frequent volunteer/Intern/Student Teacher that will be in your building (3+ times a week)

Personal Information

Name _____ Mailing Address: _____

E-Mail Address _____ Telephone No. (____) _____

Date(s) volunteer/intern/student teacher will be in building(s): _____

Background Questions:

1. Do you have any physical, mental, or memory impairments or disabilities that would substantially limit your performance as a volunteer?
___ No ___ Yes (Please explain): _____

2. Were you ever convicted of a felony?
___ No ___ Yes (Please explain): _____

3. Were you ever convicted of a misdemeanor?
___ No ___ Yes (Please explain): _____

Volunteer/Intern/Student Teacher Agreements and Expectations

As a Mechanicville City School District Volunteer/Intern/Student Teacher, I agree to:

- perform the duties assigned to me in accordance with District Policies and Procedures;
- follow the reasonable directives of Mechanicville City School District employees;
- conduct myself in a professional manner, to promote the education and interest of the students and the reputation of the Mechanicville City School District;
- treat all students, staff, and community members with respect;
- not disclose any personally identifiable information or confidential information or materials that I may have access to as a result of my volunteer assignment;
- use discretion in my appearance and dress appropriately;
- adhere to the District's Code of Conduct;
- avoid being alone with students;
- refrain from any physical interaction with students;
- refrain from any communication outside my assigned activity unless I have a previous relationship with such student(s);
- not leave any children unsupervised;
- sign-in and sign-out of the building when entering and exiting; and
- wear an ID badge (we will provide) at all times.

I understand and recognize that the Mechanicville City School District may remove me as a volunteer/Intern/Student Teacher at any time and solely at its own discretion.

Certification of Accuracy

To the best of my knowledge, all of the information on this form is true and correct.

Signature _____ Date _____

Print Name: _____

The Mechanicville City School District does not discriminate on the basis of age, race, color, religion, creed, national origin, marital status, veteran status, gender or disability in its educational programs, activities, and employment practices.

Administrator Signature: _____ Date: _____

1. **Building secretary: Please send a COPY of completed form to IT for account creation**
2. **IT: Once account has been created, please notify M.Warren to qualify dates**
3. **MW: Once complete, Please notify BO Administrative Secretary for proper badge**