

MECHANICVILLE 2.0

OCCASIONAL

MCSO VOLUNTEER/STUDENT OBSERVER APPLICATION

*This form is to be completed by any frequent volunteer that will be in your building
(LESS than 3+ times a week)*

Personal Information

Name _____ Mailing Address: _____

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

Date(s) volunteer will be in building(s); _____

Volunteer/Student Observer Agreement and Expectations

As a Mechanicville City School District Volunteer 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 a VISITOR ID (we will provide) at all times.

I understand and recognize that the Mechanicville City School District may remove me as a volunteer 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: _____

Building secretary: Please keep in your files