GEORGE WASHINGTON ACADEMY

486F1 - Volunteer Application and Agreement

Thank you for your interest in volunteering with George Washington Academy. Volunteers provide valuable service to our schools, and we appreciate the time, talent, commitment, and energy they contribute. The safety of students and staff, as well as the protection of confidential student information, are top priorities. Volunteers are encouraged to report any inappropriate behavior or governmental action they observe to the Administration.

School Year: _____

Volunteer applications are valid only for the school year in which they are submitted. A new application must be completed each school year to continue volunteering.

Personal Information

Legal Name: _____

Email Address: _____ **Phone Number:** _____

I am a: □ Community Member □ Parent/Guardian - List Students' Names: _____

Areas of Interest for Volunteer Service: _____

Employment Information

Current or Most Recent Employer: _____**Position:** _____

Supervisor: _____ **Supervisor Phone Number:** _____

Have you held a paid position that required you to directly care for, supervise, control, or have custody of a child in the last 3 years? Yes ____ No ___ If yes, please give contact information below.

Company Name: _____**Position:** _____

Supervisor: _____ **Supervisor Phone Number:** _____

Confidentiality Agreement

Volunteers may have access to confidential student information, including academic, behavioral, or personal records. All student information must remain confidential and may only be shared with authorized school personnel in accordance with FERPA. Confidential information may not be disclosed verbally, in writing, electronically, or through social media. Any student safety concerns or reports of potential harm must be immediately reported to a teacher or administrator.

As a GWA volunteer, I agree that:

1. I will not discuss the identity of any student with unauthorized individuals.
2. I will not disclose information from student records or personally identifiable student information.
3. I will immediately report any actual or suspected breach of confidentiality to a teacher or administrator.
4. I will interact only with the student(s) I am authorized to observe or assist.
5. I will not share student information with other parties unless authorized by GWA or in a medical emergency.
6. I will direct questions regarding students or student records to the appropriate teacher or administrator.

Signature: _____ Date: _____

Volunteer Code of Conduct

I understand that as a volunteer at GWA, I am required to act in a way that acknowledges and reflects my inherent positions of authority and influence over students. I agree to the following;

1. I will recognize and maintain appropriate personal boundaries in teaching, supervising, and interacting with students, and shall avoid boundary violations, including behavior that could reasonably be considered grooming or lead to even an appearance of impropriety.
2. I may not subject a student to any form of abuse, including but not limited to:
    a. physical abuse, verbal abuse, sexual abuse, or mental abuse.
3. I shall not touch a student in a way that makes a reasonably objective student feel uncomfortable.
4. I shall not engage in any sexual conduct toward or sexual relations with a student, including but not limited to:
    a. viewing with a student, or allowing a student to view, pornography or any other sexually explicit or inappropriate images or content, whether video, audio, print, text, or other format
    b. sexual battery
    c. sexual assault.
5. When communicating with students, whether verbally or electronically, I shall be professional and avoid boundary violations.
6. I shall not provide gifts, special favors, or preferential treatment to a student or group of students.
7. I shall not discriminate against a student based on race, religion, national origin, disability (as provided in the Americans with Disabilities Act), or age (as provided in the Age Discrimination in Employment Act).
8. When using electronic devices and social media to communicate with students, I must comply with GWA's policy, be professional, pertain to school activities or classes, and comply with the Family Educational Rights and Privacy Act.
9. I may not use or be under the influence of alcohol or illegal substances during school hours on school property or at school-sponsored events while acting as a volunteer. Additionally, I, as a volunteer, may not use any form of tobacco or electronic cigarettes on school property or at school-sponsored activities in an employment capacity.
10. I shall dress appropriately for an elementary school setting.
11. I shall cooperate in any investigation concerning allegations of actions, conduct, or communications that, if proven, would violate this policy.
12. GWA recognizes that familial relationships between a volunteer and a student may provide for exceptions to certain provisions of this policy.
13. Conduct prohibited by this policy is considered a violation of this policy regardless of whether the student may have consented.

Training

All GWA volunteers must receive training on bullying, hazing, and nondiscrimination before beginning their volunteer assignment. This training is available at https://gwacademy.org/Volunteers.

I certify that I have received training and understand the concepts discussed.

Signature: _____ **Date:** _____

Applicant Certification

By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge. I authorize GWA to verify the information provided and obtain reference information regarding my volunteer eligibility. I further authorize previous employers to disclose information regarding employment actions or discipline related to the physical or sexual abuse of a child or student. I release GWA from any liability arising from the collection, review, or consideration of such information in determining volunteer eligibility.

Applicant Signature: _____ **Date:** _____

ADMINISTRATIVE USE ONLY

I certify that the above-named individual:

☐ Will serve as a volunteer under the direct supervision of a licensed educator or GWA employee.

☐ May, at times, have unsupervised access to students. (Background check completed)

Supervisor Name: _____ **Signature:** _____ **Date:** _____

Administrator Name: _____ **Signature:** _____ **Date:** _____