



# Westbrook School Department

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Are you applying to volunteer in a specific school? YES NO

If so, which one(s)? \_\_\_\_\_

Are you applying to volunteer in a specific teacher's classroom or program? YES NO

If so, which one(s)? \_\_\_\_\_

What is your availability?

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Times					
Every Week?					

Are you applying to volunteer in more than one school? YES NO

If so, which one(s)? \_\_\_\_\_

Do you have children in our schools?

Child's Name	Grade	School

Are you applying as a student from a school, college, or university? YES NO

If so, which one(s)? \_\_\_\_\_

Are you applying as a field trips chaperone only? YES NO

Do you have experience working with children and youth? YES NO

Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Westbrook School Department Volunteer Application

Please provide the name and contact information of one reference who is not related to you but is familiar with you and can comment on your ability to work with children in our schools.

Name	Address	Phone Number	Relationship

Before volunteering, all applicants must:

- 1) Submit a completed application packet which includes:
  - ❖ Signed Volunteer Application (this form)
  - ❖ WSD Volunteer Agreement (Policy IJOC E1)
  - ❖ WSD School Volunteers Authority to Release Information (Policy IJOC E2)
- 2) Pass a criminal background check, which the Westbrook School Department provides free of charge.
- 3) Meet with the building principal to review and initial Westbrook School Department policies IJOC and GBEEB and receive final approval from the building principal.
  - ❖ School Volunteers (IJOC)
  - ❖ Employee / Volunteer- Student Relationships (Policy GBEEB)

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Volunteer Signature

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Date

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**WESTROOK SCHOOL DEPARTMENT**  
**VOLUNTEER AGREEMENT FORM**

I have read the Westbrook School Department policy IJOC (School Volunteers).

I understand that as a volunteer in the Westbrook schools that ALL student and staff information is confidential. I agree not to access, review, disclose or use confidential student or staff information without specific authorization from a school administrator. I also understand that even when I am no longer a volunteer in the schools, any confidential information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in my immediate termination as a volunteer and may result in legal action against me.

I understand that I must comply with all School Committee policies and school rules applicable to school staff as well as all directions from school administrators and staff while serving as a volunteer. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the school principal at any time if they determine it is in the best interests of the Westbrook schools.

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Printed Name

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Telephone number (s)

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Address

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Signature of Volunteer

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Date

Legal Reference: 10 - A M.R.S.A. § 1002

Cross Reference: EEBC - Student Transportation in Private Vehicles  
IJOA - Field Trips and Enrichment Trips  
IJOC - School Volunteers

Adopted: April 29, 2008

Revised: November 12, 2008

**SCHOOL VOLUNTEERS  
AUTHORITY TO RELEASE INFORMATION  
WESTBROOK SCHOOL DEPARTMENT**

I hereby authorize the representative of the Westbrook School Department bearing this release, or copy thereof, within one year of its date, to perform a criminal history records check.

This release is executed with full knowledge and understanding that the information is for the official use of the School Department. I hereby release the custodian of such records, including law enforcement agency officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and requests to release information or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below. All records obtained are confidential and may not be made available for public inspection or copying.

FULL NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(signature)

FULL NAME \_\_\_\_\_ DATE: \_\_\_\_\_  
(typed or printed)

CURRENT ADDRESS \_\_\_\_\_

TEL: \_\_\_\_\_ Social Security # \_\_\_\_\_

WITNESS: \_\_\_\_\_

Cross Reference: IJOC - School Volunteers  
IJOC - R School Volunteers Administrative Procedure

Adopted: November 12, 2008