

Nea Community Learning Center

ANNUAL VOLUNTEER GUIDELINES STATEMENT

AS A VOLUNTEER AT Nea Community Learning Center I AGREE TO THE FOLLOWING:

1. I WILL SIGN IN AND SIGN OUT AT THE SCHOOL OFFICE WHEN I ARRIVE ON CAMPUS AND DEPART FROM CAMPUS.
2. I HAVE READ AND AM FAMILIAR WITH THE SCHOOL POLICIES AND PROCEDURES AND WILL FOLLOW THE SCHOOL POLICIES.
3. I WILL SUPPORT THE FACILITATORS' INSTRUCTIONAL PROGRAMS AND SCHOOL DISCIPLINE PLAN.
4. I WILL REMIND LEARNERS OF APPROPRIATE BEHAVIOR
5. I RECOGNIZE THAT ALL CHILDREN LEARN AT DIFFERENT RATES. WHEN WORKING WITH A LEARNER I WILL BE ENCOURAGING AND SUPPORT THEIR LEARNING PROCESS IN A POSITIVE MANNER.
6. I WILL MAINTAIN CONFIDENTIALITY OF LEARNER BEHAVIOR AND ACADEMIC PERFORMANCE THAT I OBSERVE WHILE VOLUNTEERING.
7. I UNDERSTAND THAT MY VOLUNTEER ASSIGNMENT IS AT THE DISCRETION OF THE LEAD FACILITATOR OR DESIGNEE. MY SERVICES WILL BE USED WHERE THEY ARE FELT TO BE MOST APPROPRIATELY MATCHED WITH SCHOOL NEEDS.
8. I UNDERSTAND THAT MY VOLUNTEER ACTIVITIES MUST BE UNDER THE SUPERVISION OF A STAFF MEMBER AT ALL TIMES.
9. I UNDERSTAND THAT IT IS REQUIRED THAT I PROVIDE A CURRENT NEGATIVE TUBERCULOSIS (TB) TEST WITHIN THE LAST 4 YEARS.
10. I UNDERSTAND THAT I AM REQUIRED TO COMPLETE FINGERPRINTING AND A BACKGROUND ONCE TO OBTAIN CLEARANCE TO BE A VOLUNTEER. If the Executive Director or designee reasonably suspects that additional information is required in subsequent school years to ensure the health and safety of learners, he or she may require a volunteer to resubmit fingerprinting and criminal background check information.
11. I HAVE READ THE VOLUNTEER HANDBOOK AND WILL FOLLOW THE CONFIDENTIALITY AGREEMENT AND DISCLOSURE OF CHILD ABUSE.

Please indicate any changes in your criminal history since you were last fingerprinted:

VOLUNTEER NAME _____

SIGNATURE _____

DATE _____