#### **Volunteer Guidelines Summary**

#### **Annual Volunteer requirement**

20 hours per family; 10 hours per single parent family

## What to do before you begin volunteering

- Review the Volunteer Program handout
- Complete the Background Check Consent Form
- Sign the Statement of Confidentiality (below)
- Set up your HelpCounter Profile
- Check out the DaVinci Connections for upcoming opportunities

# When volunteering at school

- Sign in and out at the front desk; wear a volunteer badge
- Appropriate conversation and dress is important
- When working with students, you must work in an area visible to staff
- · Respect the privacy of students and never repeat anything you see or hear about individuals
- Volunteers are not responsible for student discipline; report all discipline issues to the staff person in charge
- Volunteers must report any knowledge or suspicion of child neglect, physical or sexual abuse; please report any incident or suspicion immediately to a staff person
- Comply with the DaVinci Academy Drug-Free Workplace/Drug-Free School and Tobacco Free Environment Policies

## **Statement of Confidentiality**

As a volunteer for DaVinci Academy of Arts and Science, I understand that some of my work may involve access to student information that is considered confidential.

I acknowledge my responsibility to respect the confidentiality of students and families, to follow office procedures in order to protect privacy, and to act in a professional manner, both to the public and staff.

I understand the importance of maintaining the high professional standards required of all staff and volunteers at DaVinci Academy of Arts and Science.

Sign name:	Date:
Print name:	
Enrolled Stud	lent(s):
Relationship	to Student(s) (e.g. parent, grandparent, family friend):
Volunteer gro	oup (the family group to which you want your volunteer hours recorded):
	Email address:



for the purpose of employment and/ or volunteering for the school.

Signature \_\_\_\_\_

reporting of information.

OF ARTS AND SCIENCE	
(Please Print Clearly)	Date:
Last Name:	Social Security Number:
First Name:	
Middle Name (Full):	
Maiden, Alias or Former:	
Date of Birth:	
Gender: Male □ Female □	Oky, Okako, Zip.
State/CountryState/Country	s in which you have resided and/or worked and when: Date Date
State/Country	Date ucademy to complete a record history check from that state or the FBI.
If yes, please provide information for each offense Charge(s) convicted of:  Date of conviction(s):	cception of speeding and parking tickets)? No □↑Yes↑□ e:
Action taken:	
Conditional Hiring for Employees: I understan	d that DaVinci Academy may permit me to commence my minal background check and acknowledge and agree that I
	CORD HISTORY RELEASE***
DaVinci Academy requires a Criminal Background Check Consent F	atute #123B.03  Form to be completed for all staff members and/or volunteers 18 years and older. determination by the school that an individual's criminal history does not preclude the
•	may conduct a search and obtain any criminal or civil history record information I criminal justice agency in any state or province or any information as deemed
I authorize Minnesota Bureau of Criminal Apprehension (BCA) and	any of its agents, to disclose criminal history record information to DaVinci Academy

I do hereby agree to forever release and discharge DaVinci Academy, its agent, BCA, and their associates to the full extent permitted by law, from claims, damages, costs, and expenses, for any errors, omissions or any other charge or complaint filled with any agency arising from the retrieving and

**Criminal Background Check Consent Form** 

Date \_\_\_\_

For Staff and Volunteers NON PROFIT Organization Account Number T637546577