

2018 - 2019



VOLUNTEER HANDBOOK
FAMILY & COMMUNITY ENGAGEMENT

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EXECUTIVE DIRECTOR
DRAFT

Legacy the School of Sport Sciences Volunteer Program

All parents and community members who would like to volunteer must provide a copy of his/her social and an acceptable form of identification to the receptionist desk.

The receptionist will provide instructions to complete a District Volunteer Application and Disclosure Form. Applications can be completed at home or at the receptionist desk.

A criminal history check will be completed by Legacy the School of Sport Sciences (Legacy). An email will be sent to notify you when you may begin volunteering.

The Parent Liaison will contact approved volunteers about engagement opportunities.

Volunteer Guidelines

For the safety of all students, Legacy requires all potential volunteers who will work with any department to receive a background check by the Department of Public Safety (DPS).

This check will be completed by the Business Office using the District Volunteer Application and Disclosure Form and acceptable forms of identification.

Accepted Forms of Identification

Any of the following forms of identification are acceptable to become a volunteer:

- Social Security Card
- and**
- A valid, current driver license issued by any state or US territory.
- A valid, current identification card issued the state of Texas with photo.
- A valid, current passport issued by the United States.
- A valid, current military ID card.
- A valid, current Resident Alien Card issued by the United States Government.
- A valid, current Alien Registration Card (Visa, Permanent Resident, Employment Authorization Card) issued by the United States Government.

Code for Volunteers

As a volunteer at Legacy, you are a role model for our students. State law, Legacy the School of Sport Sciences Board, and administrative regulations set certain standards for all staff and volunteers to follow so that the safety and well-being of our students is ensured while they are attending school. Therefore, everyone is asked to observe these guidelines:

- Observe the no smoking and no tobacco policy and follow campus established professional dress codes.
- Keep confidential any information about students.
- Volunteers must not give medications or medical treatment.
- Volunteers must avoid proposing any personal or religious doctrines or beliefs to students.
- Volunteers must seek the aid of school personnel in case of any discipline problems.
- Volunteers shall not lend money to students while actively serving as a volunteer.
- Volunteers must avoid promoting any specific business, commercial products, or brand names
- The volunteer/student relationship should be restricted to the school setting.
- Unless supervised by the school district personnel, a volunteer must be 18 years of age before the first day of school.



DISTRICT VOLUNTEER APPLICATION AND DISCLOSURE FORM

Please complete the Volunteer Application and Disclosure Form and return to the front desk receptionist. No one may engage in District volunteer work until the District has approved his/her application and completed a background check.

Please Print Clearly

Today's Date: _____

Personal Information

Legal Name: _____

List all names you have ever had or have used (including maiden name): _____

Date of Birth: _____ Gender: _____ Race: _____

Address: _____

Number of years at this address: _____ Number of years living in Texas: _____

If you lived in Texas for less than five (5) years, which state did you last reside in and for how long? _____

Yes No Have you ever been convicted of, or do you have any changes pending, or are you under investigation for any felony, misdemeanor, or ordinance/statue violation? If yes, please include date, location, nature and circumstances of offense(s).

Please check the activities that interest you:

- | | | |
|--|---|---|
| <input type="checkbox"/> Athletic Concessions | <input type="checkbox"/> Assistant Coach: _____ | <input type="checkbox"/> Foreign Language Tutor |
| <input type="checkbox"/> Before and/or Afterschool | <input type="checkbox"/> College Application Prep | <input type="checkbox"/> Overnight Field Trip |
| <input type="checkbox"/> Business Partner | <input type="checkbox"/> Dance Chaperone | <input type="checkbox"/> PTA |
| <input type="checkbox"/> Cafeteria/Lunch Assistant | <input type="checkbox"/> Field Trips | <input type="checkbox"/> Student Athletics |
| <input type="checkbox"/> Classroom Assistant | <input type="checkbox"/> Field Days | <input type="checkbox"/> Other: _____ |

Volunteer Information

Email: _____ Home Phone: _____ Cell Phone: _____

Occupation: _____

Volunteer Experience and Preference

A. Previous Volunteer or other experience: _____

B. Please indicate your volunteer preference (e.g., grade level, location, classroom, activity, sport, special area)

C. Days of the week or times available: _____

Volunteer Statement

I am applying to be a volunteer as part of Legacy the School of Sport Sciences (Legacy). As a volunteer, I understand I will not receive pay for this duty. In addition, I understand that no employer/employee relationship will exist. In order to ensure safety in our school and for the protection of the students of the District, I authorize Legacy to conduct an annual background check. Legacy reserves the right to conduct additional background checks as deemed appropriate. Except as may be required by law, Legacy will maintain the confidentiality of information obtained through background checks. Legacy will conduct criminal background checks on all volunteers who will be working directly with students and/or who have consistent access to students or student records. I hereby release Legacy, its Board and its agents, as well as all providers of information, from any liability related to furnishing, receiving, or using information related to arrests and convictions. I understand that any misrepresentation or omission on this statement may result in immediate disqualification for any volunteer service within the District. I understand that Legacy will verify the information I have provided above. I understand that Legacy reserves the right to deny my application to serve as a volunteer.

Date: _____

Printed Name (please print clearly): _____

Signature: _____

Volunteer Status

A. Background check completed: _____ (initial) Date: _____

B. Background check status:

- Approved without supervision of staff
- Approved with supervision of staff
- Not approved _____

Executive Director