



Under 18 Years Old Volunteer Application

Personal Information

| | | |
|---|---------------|-------------------------|
| Name: | | |
| (Last) | (First) | (Middle) |
| Current Address: | | |
| City: | State: | Zip Code: |
| Telephone: | Email: | |
| Date of Birth: | | |
| Emergency Contact: | | Contact's Phone: |
| Your School: | Grade: | |
| Volunteer Site (DCPS School Name): | | |

Volunteer Statement of Commitment

As a volunteer working in the District of Columbia Public Schools (DCPS), I agree to:

- Sign In and Out at the designated place during each visit.
- Identity myself as a volunteer. Receive and wear a badge, nametag or sticker provided by the front office to ensure school safety. This will ensure that you are acknowledged as a contributing member of the school team during your volunteer time.
- Attend a volunteer orientation when they are offered to become familiar with DCPS policies, procedures and best practices. Honor the commitment to work as scheduled.
- Notify the DCPS representative assigned to work with me if I must be absent from a volunteer commitment. Abide by all the school rules and DCPS policies and regulations that are applicable to me.
- Maintain the confidentiality of any information I learn during volunteer work. When you discuss student needs with teachers, you may learn some personal information. Such information must remain confidential and must not be discussed, except with appropriate staff members as needed.
- Inform appropriate staff members (teachers, school counselor and school principal) **if I suspect or learn that a child is in danger or exposed to any type of abuse or neglect.**

The above student meets the following requirements for volunteering in DC Public Schools:

1. The student is enrolled in a DC Public, Private or Charter school.
2. The student meets all immunization requirements for his/her school.
3. The student's volunteer activities will be monitored **at all times** by a DCPS staff member at the volunteer site, **and under no circumstances will the student will have direct, unsupervised access to any DCPS students.**
4. Student has read and agrees to the Volunteer Statement of Commitment.

Signature **required** – DCPS staff member at the volunteer site

Date

Signature **required** – Representative from student's school

Date

Signature **required** – Student

Date

A copy of this form should be retained by all signing parties.

The original letter must be sent to HR Answers via dcps.hranswers@dc.gov
202-442-5315 (fax)