



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.
- I understand I may learn personal information when discussing student needs with teachers, and 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 student (named above) meets the following requirements for volunteering in DC Public Schools:

1. The student is enrolled in a public, private, or charter school;
2. The student meets all immunization requirements for their 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 have direct, unsupervised access to any DCPS students.**
4. The 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 DCPS Clearance Office at dcps.clearance@k12.dc.gov