



Please fill out one form per family.

Promontory School of Expeditionary Learning

VOLUNTEER AGREEMENT AND BACKGROUND CHECK AUTHORIZATION

Promontory School of Expeditionary Learning is grateful for the contributions made by parent and community volunteers and welcomes their participation in a variety of activities at the school.

In order to facilitate volunteer efforts and help ensure the safety of Promontory's students, the school will perform a criminal records background check on parents and community volunteers (1) who wish to volunteer on a regular basis, (2) who in the course of their volunteer time may have unsupervised time with students, or (3) who may assist with overnight trips or drive students from one location to another. Volunteers who fit into one of these categories must complete this form.

NOTE: If you have been convicted of a felony such as a DUI or drug infraction within the last ten years, have ever been convicted of child or spouse abuse, or have a case pending in any of these areas, please do not volunteer to drive or chaperone.

Please complete the following:

>A scan of a valid driver's license will be made by office.

Volunteer 1 Name: _____ Birth date: _____

Address: _____ Phone: _____

(Spouse of Volunteer 1)

Volunteer 2 Name: _____ Birth date: _____

Address: _____ Phone: _____

I agree to:

- Respect and abide by confidential nature of what I see or hear pertaining to students and/or staff as I carry out volunteer duties.
- Bring concerns or issues, if any, to the staff person supervising my volunteer activities.
- Direct discipline issues to an appropriate staff member.
- Be supportive of the school and its mission.
- Always sign in at the office and wear a volunteer tag provided by the office while in the building.

As a volunteer, I understand that the school will use the information I have provided to conduct a background check.

Volunteer 1 Signature: _____ Date: _____

Volunteer 1 Signature: _____ Date: _____

For Volunteer Drivers: Please fill in the Vehicle items below and initial where indicated.

Model: _____ Make: _____ Year: _____ License Plate: _____

Owner: _____ Number of seat belts available (including driver): _____

-SECOND VEHICLE if different for spouse-

Model: _____ Make: _____ Year: _____ License Plate: _____

Owner: _____ Number of seat belts available (including driver): _____

I agree to provide PSEL with a copy of the proof of insurance for the above vehicle(s). _____ (initial)

I agree to provide PSEL with a copy of the proof of insurance for the above vehicle(s). _____ (initial)