

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:	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.
- Identify myself as a volunteer. Receive and wear a name tag or sticker provided by the front office to ensure school safety. The school 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 your commitment to work as scheduled.
- Notify the DCPS representative assigned to your work with the school 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.
- Inform appropriate staff members (teachers) if I am unable to work with the school. Contact: (202) 724-3031 (work) -30.835 (with dialing) (202) 724-303700

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