



Raymond Bandlow, Ph.D.
Superintendent of Schools

Steven Engravalle
Assistant Superintendent

**VOLUNTEER CONFIDENTIALITY AGREEMENT
&
RULES OF CONDUCT**

The Fort Lee Board of Education recognizes that the services of community volunteers can enrich the educational program, assist teaching staff members in performance of their duties, and enhance the relationship between the school district and the community.

In adherence to Policy No: 9180 School Volunteers Adopted July 27, 2009 the Fort Lee Board of Education wishes to accept your application to volunteer in the Fort Lee School District under the following provisions:

1. Completed Criminal Background Check under the rules and regulations of N.J.S.A. 18A:6-7.1
2. All information obtained in the capacity as a Fort Lee School Volunteer will be held confidential at all times, even after he or she no longer volunteering for the Fort Lee School District.
3. Volunteers may serve only under the direction and supervision of a teaching staff member.
4. Volunteers may not perform services outside of their assigned duty.
5. Volunteers serve only in a support capacity, only teaching staff members are responsible for educational planning and decisions and the teaching of new concepts.
6. Volunteers shall respect the individuality, dignity and worth of each child.
7. Volunteers are not permitted access to pupil records.
8. Volunteers must exercise discretion in discussing their school activities with others in the community.
9. Volunteers may consult with the Principal regarding their duties and responsibilities.
10. Volunteers shall receive no financial remuneration from the Board.

CONFIDENTIALITY STATEMENT

I _____ understand that in my capacity as a volunteer in the Fort Lee School District, I will acquire information and knowledge which is either legally protected as confidential or information and knowledge which is of a personal and private nature. I shall not disclose to any other person or organization any information acquired during my work as a volunteer without express and written consent of the person or from the school's administration. My signature below constitutes my acceptance of the terms of this confidentiality agreement.

DUTIES

Volunteers may be utilized for such duties as:

- Assistance with center-based instruction in early grades
- Library assistance such as stocking shelves and checking books in and out
- Assisting with band camp
- Assisting with performing arts productions
- Chaperoning and other event staff work
- Assistance with science lessons
- Lunchroom management

I _____ understand that my duties are limited to as listed above. I further understand that I will only perform said duties as directed by the Principal of the School, or his/her designee or under the direction and supervision of a teaching staff member.

LIABILITY RELEASE

I, _____ acknowledge that I am a volunteer and not an employee of the Board of Education of the Borough of Fort Lee, and I specifically release the Board of Education from any and all claims and rights which I may seek to assert against the Fort Lee Board of Education with regard to such status before any court or governmental agency including, but not limited to, the Commissioner of Education, Teachers' Pension and Annuity Fund/Public Employees' Retirement System, Department of Labor (including, but not limited to, Division of Unemployment Insurance, Division of Workers' Compensation, and Public Employment Relations Commission). I, specifically release the Fort Lee Board of Education from any claim, suit, governmental proceeding, judgment, fine, liability, loss, damage, cost or expense for any injury to me occurring as a result of my service as a volunteer.

SIGNATURE ACKNOWLEDGMENT

By signing below I attest that I _____ understand and agree to the terms of this agreement. I understand that my services will be terminated immediately if I fail to fulfill the obligation I have agreed upon through this agreement. I understand termination of said volunteer status is in the discretion of the Administration and I will accept with out argument any and all determinations as final.

Signature: _____

Date: _____

Printed Name: _____

Address: _____

Phone Number: _____

Witness: _____

Title: _____

VOLUNTEER/TEACHER/DISTRICT ACCEPTANCE FORM

Volunteer Name: _____

Recommended By: _____

Agenda Approval Date: _____

Term of Agreement, Start Date: _____ End Date: _____

Volunteer Assigned Location: _____

Cooperating Teaching Staff Member: _____

By signing below you agree to accept the above listed under "Volunteer Name" as a volunteer in your classroom. By accepting this volunteer you attest to fully understanding the duties for which the volunteer may be assigned in the capacity of a Fort Lee School District Volunteer.

Signature: _____

Dated: _____

Printed Name: _____

Grade/Subject Level: _____

*****OFFICIAL USE*****

Fingerprinting Date: _____

PCN#: _____

Clearance Date: _____