

**Arlington Public Schools  
Volunteer Application**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Age (please check): 18-24    25-34    35-44    45-54    55-64    65+

Languages spoken other than English: \_\_\_\_\_

Do you have students at our school? Yes    No

If yes, please list:

Student Name \_\_\_\_\_ Teacher Name \_\_\_\_\_

Student Name \_\_\_\_\_ Teacher Name \_\_\_\_\_

Student Name \_\_\_\_\_ Teacher Name \_\_\_\_\_

Please let us know when you are available to volunteer.

Days of the week and times of day: \_\_\_\_\_

I am interested in volunteering on a regular basis.

I am interested in volunteering occasionally.

Please call me when you need help.

Please check the types of volunteer jobs that interest you.

Chaperoning a field trip

Working with individual students

Working with groups of students

Assisting with administrative tasks

Helping with special events

Please check below if you currently serve in one of these roles:

Book Buddy

RSVP - Northern Virginia Volunteer

**Arlington Public Schools  
Volunteer Agreement**

Please list three references who you have known for at least two years. References should not include relatives. If you are currently employed, please list your supervisor's name.

EMPLOYER or OTHER:

(1) Name, Organization, Phone or e-mail:

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OTHER:

(2) Name, Phone or e-mail:

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OTHER:

(3) Name, Phone or e-mail:

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Have you ever been convicted of anything other than a minor traffic violation or been given a suspended sentence in court? \_\_\_\_\_No \_\_\_\_\_Yes (If yes, please explain.)

Have you ever been a subject of a founded case of child abuse or neglect?

\_\_\_\_\_No \_\_\_\_\_Yes

(If yes, please explain.)

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In case of emergency, please contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I agree to conform to the school district's rules and regulations and to participate in orientation and training. I agree to respect the confidential nature of student information as well as my personal contacts with staff members. In the event that I violate these stipulations, I understand that my volunteer service may be terminated by Arlington Public Schools. I authorize the school system to check all state registries of founded cases of child abuse or neglect. I also authorize all references listed to provide any pertinent information they may have, and hereby release all parties from any liability for furnishing this information. I certify that I have received and read these two paragraphs and agree to follow the points stated. I have made true, correct and complete answers and statements on this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Volunteer Non-Disclosure and Confidentiality Agreement**

The following information about Abingdon Elementary School programs and constituents shall not be shared with non-employees of Arlington County Public Schools:

- Personally identifiable information about parents, students, staff and other volunteers
- Student and staff information such as:
  - ♦ Lists of names
  - ♦ Mailing and email addresses
  - ♦ Phone numbers
- Academic, health, or other personal information

As a volunteer for Abingdon Elementary School, I understand and agree to the following:

- I am provided with this information in strict confidence to enable me to perform my functions as a volunteer.
- I will not share this information outside of the circle of staff and volunteers acting on behalf of Abingdon Elementary School.
- I will ensure the information I receive is kept safe and secure from any unauthorized access, which includes preventing access to any computer files, paper files or other media which contain Abingdon data.
- When my status as a volunteer is inactive, I will destroy all electronic copies and shred all paper copies of any data I have received.

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Signature

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Date