



A *love* for God.
A desire to *learn*.
A commitment to *serve*.

Volunteer Agreement Form

I recognize that volunteering is a privilege, not a right. All volunteers serve at the sole discretion of the administration, and permission to volunteer in the school may be revoked at any time by the administration without the need for explanation.

By my signature below, I request to be designated as an approved volunteer at San Jose Christian School and acknowledge the conditions of my participation as outlined below:

- I agree to act in accordance with all school policies and will serve as a Christian role model to students and members of the community.
- I will protect the confidentiality of any student or staff information that I encounter during my volunteer service.
- I agree to be an advocate for the school and not participate in gossip or actions that are detrimental to school culture.
- I certify that I am in full agreement with the school mission, core values, and statement of faith, and my conduct will demonstrate that agreement.
- I certify that I am not withholding any pertinent information from my past that would disqualify me from volunteering with children.
- I understand my role as a volunteer, and I will act in partnership with the school staff and teachers.
- I have reviewed and understand the SJCS Volunteer Handbook.
- I agree to have a LiveScan background check submitted to SJCS at my expense.

Legal Disclaimers:

I understand that accidents may occur during volunteer activities. I release SJCS, its trustees, employees and volunteers from any and all liability for any damage, loss, or injury that may arise from my participation as a volunteer.

I certify that I am medically fit to participate in volunteer activities. I understand that SJCS does not provide any health benefits or accident insurance for me as a volunteer; it is my responsibility to provide this coverage if desired.

In the event of a medical emergency, I consent for the school to arrange medical transportation and I consent to whatever care is considered necessary in the best judgment of the attending medical professional. I understand that SJCS is not responsible for payment of this care.

I give SJCS permission to use photographs or other media that may include my voice or image to promote the school.

I have read and understand the policies as outlined in this Volunteer Handbook, and I agree to adhere to these policies.

Signature

Printed Name

Date