

**VOLUNTEER ACKNOWLEDGEMENT  
CONCESSIONS AND ACTIVITIES VOLUNTEERS**

Volunteer Information – The following information is required to satisfy Administrative and Worker’s Compensation needs.

“I/we, hereby acknowledge and agree that I/we have been allowed to volunteer in the Frenchtown School District as \_\_\_\_\_. I/we will check into the main office prior to engaging in my voluntary activities with the District. I/we will comply with all of the rules and regulations of the District and understand that should I violate any rule or regulation of the District, engage in activity that is disruptive to the education process or interferes in the same, the District has the right and ability to exclude me from volunteering at school.

I/we further agree and acknowledge that I/we am/are a “volunteer” and the duties for which I/we have volunteered, are in all respects, my/our sole decision. I/we have not been asked by the District to perform these duties. I/we agree and acknowledge as a volunteer I/we will not be compensated for the duties that I/we perform on behalf of the District and expect no remuneration as a result of the duties that I/we perform.”

NAME	SIGNATURE	*SOCIAL SECURITY #	PHONE NUMBER	DATE	HOURS

DATED \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

ACTIVITY: \_\_\_\_\_

SUPERVISOR’S SIGNATURE: \_\_\_\_\_

APPROVAL/DENIAL (Principal/Superintendent): \_\_\_\_\_

\* Because of liability issues, we must cover you under Worker’s Compensation during the period you are volunteering at the School District. We are required to have your Social Security Number in case of a claim under Worker’s Compensation. If you are unwilling to provide this information, we are unable to accept you as a Volunteer at Frenchtown School District.