

Chittenden Central Supervisory Union  
**Volunteer Agreement and Authorization**

*Revised 2/19/10*

**AGREEMENT**

This agreement is hereby made between the  *Essex Union High School District*  *Essex Junction School District*  *Westford School District* and the individual named below to perform level III volunteer services for the school year beginning July 1, 20\_\_ and ending June 30, 20\_\_ as specified below:

Name of Volunteer (please print): \_\_\_\_\_

School(s)/Location(s): \_\_\_\_\_ Date(s) services are to be performed: \_\_\_\_\_

Description of volunteer services to be performed: \_\_\_\_\_

**ACKNOWLEDGEMENT AND AUTHORIZATION**

"I understand that in addition to the criminal record check through the Vermont Criminal Information Center (VCIC), the district will be conducting registry checks with the Vermont Department for Children and Families (DCF) and the Department of Disabilities, Aging and Independent living (DDAIL). I understand that I will be required to provide releases and other information necessary to complete these checks. I further understand that I will automatically be disqualified from volunteering if my name appears with a substantiated report of abuse or neglect as listed on the DCF and/or DDAIL registries.

"In the event the District received notice of a substantiated report of abuse or neglect, I understand I have a right to request a review of the substantiation with the Agency of Human Services (AHS).

"If volunteer services commence prior to the completion of the registry check process, I understand continued services would be contingent upon satisfactory registry check results.

"I understand that, in addition to the disqualifications listed above, it is the responsibility of the Principal/Director or his/her designee to accept/not accept specific individuals as volunteers, and all decisions related to the continuation of a volunteer's service. I further understand that the decision of the Principal/Director on these matters is considered final.

"I understand that my signature below serves as my acknowledgement and agreement to have the checks outlined above performed prior to the commencement of my volunteer services."

Volunteer Signature	Date
Supervising School Administrator's Signature	Date

*Office Use:* Please date and initial upon completion of the following: \_\_\_\_\_ Date completed: \_\_\_\_\_, Initials: \_\_\_\_\_

- Submitted DCF and DDAIL internet registry checks
- Submitted AHS release form to CCSU Human Resources
- Updated Volunteer Database

***This form must be completed in addition to the Volunteer Registration Form and AHS Consent for Release of Registry Information.***

Distribution:            Original – School / Copy – Volunteer

***A new Volunteer Agreement and Authorization must be completed for each assignment each school year***