



**LONDELL R-14 SCHOOL DISTRICT**  
**Success; Nothing Less!**

**Volunteer Instructions**

If you would like to chaperone field trips or volunteer at the school, you must be on the Active Volunteer List.

The following items must be completed prior to your addition to the Active Volunteer List:

- *Complete the MO DHSS background check (only required once, you may check your registration by visiting the link for the online option:*
  - *Two options are available to complete this check*
    - *Complete it online (Quickest Option but requires a credit or debit card) by visiting <https://health.mo.gov/safety/fcsr/>*
    - *Mail the paper copy (slower and requires a check) to:*  
Missouri Dept. of Health and Senior Services, Fee Receipts,  
PO Box 570, Jefferson City, MO 65102
- *Complete and return the following to school:*
  - Volunteer Registration and Survey Application
  - Volunteer Agreement and Confidentiality Form
  - Volunteer Release Waiver
  - Volunteer Emergency Information

After you return the above items to the elementary office and we receive your all clear from the MO DHSS, you will be required to view the Smarter Adults, Safer Children training video. Instructions for the training will be given to you at that time.

**It may take two months or longer for the background check results.** You will not be placed on the Active Volunteer List until everything is complete, and we have received your background check results from the Missouri Department of Health and Senior Services.

**In order to attend field trips & 8<sup>th</sup> grade festivities, completed packets must be returned by September 5<sup>th</sup>.**

Thank you for helping us to protect our students!



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**Volunteer Registration and Survey Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City, State & Zip Code

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

Email Address: **(Required)** \_\_\_\_\_

Names and Grade Levels of student(s) you will be attending functions with:

\_\_\_\_\_

**Type of Volunteer Work Preferred: (mark all that apply)**

- ☐ Attend field trips  
☐ Assist teacher (laminating, cutting, etc.)  
☐ Work with individual child  
☐ Work with small groups of children  
☐ Assist in the classroom

**Grade Levels or Teachers Preferred:** \_\_\_\_\_

Times available (mark all that apply)

	Morning	Afternoon	All Day
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

To the best of my knowledge, I am in good health and free from any disease which may be communicated to any child whom I might be in contact and have no past record of negative nature that might cause doubt upon the appropriateness of me working with children.

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



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**Volunteer Agreement and Confidentiality**

**Volunteer Agreement:**

1. I will protect the privacy rights of all students and, therefore will not release in written, oral, or electronic form any personally identifiable information regarding any student.
2. I will not directly or indirectly contact the parents, guardians, or students without first receiving written permission to do so from the Administration or designee of the program in which I am working.
3. I will abide by and adhere to the policies and procedures of the Lonedell R-14 School District, and in doing so, will follow instructions of, and cooperate with, school personnel including teachers, secretaries, aides, assistants, custodians, food services workers, and bus drivers.
4. I will not authorize any other person to act or serve as my substitute.
5. I will not bill the Lonedell R-14 School District for any charges incurred as a result of my serving as a volunteer.
6. I will notify the Volunteer Coordinator or Administration of my intention to terminate this agreement if the termination is to become effective prior to the last day of the current school year.
7. I understand the Lonedell R-14 School District reserves the right to terminate this agreement upon notification prior to the last day of the current school year.
8. I understand that I am not an employee of the Lonedell R-14 School District and that the District is not responsible for any medical expenses incurred and/or any workers' compensation claims, which may accrue while under this agreement.
9. The Lonedell R-14 School District reserves the right to obtain a background check at its discretion.

**Confidentiality Obligations of the Volunteer:**

I agree to hold information, whether in verbal or written form, concerning any child or his/her family as confidential and privileged by law. I agree not to divulge information without the proper authorization, in accordance with state statute 610.010 et seq., R.S. MO, the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g, the Individuals with Disabilities in Education Act, 20 U.S.C. 1400 et seq., and interagency agreements. I understand that release of information in verbal, written, or electronic form to any unauthorized person(s) is forbidden and may be grounds for legal and/or disciplinary action.

During the performance of my assigned duties, I will have access to confidential information, and records required for effective child and family service coordination and delivery. I agree that all discussion, deliberations, information, and records generated or maintained in connection with these activities will be handled and stored appropriately and will not be disclosed to any unauthorized person(s).

**My signature below indicates that I am in agreement with and will adhere to the above provisions.**

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

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



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**Volunteer Release Waiver**

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

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

\_\_\_\_\_

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

Email: **(Required)** \_\_\_\_\_

I agree that upon completion of all requirements for the Lonedell R-14 Volunteer Program, my name may be added to the automatic renewal list.

I understand that by signing this waiver I am giving permission for the volunteer coordinator to complete a background screening and add my name to the Safe Schools/Vector Solutions website to view the required annual safety video each year until I request in writing that I be removed from the volunteer list.

I understand that it is my responsibility to inform the volunteer coordinator of any changes in my personal information including my address, phone number and emergency contact when they occur.

I agree to adhere to the confidentiality and volunteer agreements that I signed in my original volunteer packet.

I am aware that my volunteer privileges may be restricted or revoked at any time should circumstances deem necessary.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**Volunteer Emergency Information**

**Date:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**In Case of Emergency, Notify:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Medical Conditions we should be aware of (i.e. Asthma, Diabetes):**

\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Hospital of Preference (in case of emergency):** \_\_\_\_\_