



MAKING A REMARKABLE, GOD-CENTERED EDUCATION
AVAILABLE TO THE YOUTH OF THE CITY

Volunteer Sign-Up & Guidelines

- Treat all students with dignity and respect. Treat all students fairly and objectively. No favoritism or preferential treatment.
- Refrain from contact with the student beyond school interactions unless permission has been granted from the parent/guardian. Hope Academy assumes no responsibility for these interactions.
- Do not give medications or medical treatment to a student at any time. If a student needs care, please notify the teacher or nearest Hope Academy staff immediately.
- If for any reason you are not able to volunteer during a previously agreed-upon time scheduled, please notify the school as soon as possible so that necessary adjustments can be made.
- Keep student information confidential. Be respectful of the confidential nature of school records, assignments and relationships, between staff members and students.
- **Important policies:**
 - 1) No gift giving, unless it is something given to an entire class
 - 2) Do not hug a student, unless it is a family member or relative. Also, be careful about any kind of contact, especially when no other staff are around.
 - 3) Never be alone with any single student. We encourage you to work with groups of two or more students. If one-on-one help is provided, do so in a publicly visible location (e.g. hallway, library, or office).

Your contact information:

Name: _____

Address _____ City _____ St _____ Zip _____

Phone number(s): work: _____ cell: _____ home: _____

E-mail address: _____

(This information is necessary for Hope coordinator to communicate with you)

I have read, understand and agree to abide by the Volunteer Guidelines while serving as a volunteer at Hope Academy. I affirm that all the information contained in this application is true and complete and that misrepresentation, falsification or omission shall be cause for relinquishing my role as a volunteer at Hope Academy. I hereby release and discharge Hope Academy from liability with regard to any damages, losses or injuries sustained by me arising out of, or relating to my volunteering with Hope Academy.

(signature)

(date)

Please return the completed form to the office or appropriate personnel.