

VOLUNTEER AFFIDAVIT

MT. HOLLY TOWNSHIP PUBLIC SCHOOLS

331 Levis Drive

Mt. Holly, NJ 08060

Phone: 609-267-7108

AFFIDAVIT TO BE COMPLETED EACH YEAR BY ANY PERSON WISHING TO VOLUNTEER IN ANY MT. HOLLY SCHOOL OR DISTRICT BUILDING

Volunteer Name

Date

School or Schools you wish to volunteer in: Brainerd Folwell Holbein

Thank you for your interest in serving as a school volunteer. For the protection of our students and staff, volunteers must now complete a Volunteer Affidavit each school year.

1. I agree to acquire, read and follow the guidelines included within this affidavit.

2. I, , as a Mt. Holly Township School District Volunteer, agree to keep

strictly confidential any information to which I may have access concerning any and all students, thereby meeting the requirements of the Family Education Rights and Privacy Act.

3. I understand that as a district volunteer, my contact with students is only to take place while at school and/or during school related activities. While I am acting as a school volunteer, any attempts to communicate or make contact with students outside of school are strictly prohibited.

4. Equity Policy - Prohibiting Discrimination

- a. It is the policy of the Mt. Holly Township Board of Education to offer students the opportunity to participate in appropriate programs, services and activities without regard to race, color, religion, sex, age, national or ethnic origin, political belief, marital status, parenthood, pregnancy, disability, sexual orientation or social and family background.
- b. Students, while they are in school or participating in school-related activities, are entitled to an environment free of discrimination and/or harassment by other students or adult employees or volunteers. Students should not be subjected to, nor should they subject others to:
 - i. Slurs or innuendoes about any characteristics listed in "a" above;
 - ii. Any activity or talk related to "a" above that creates an offensive educational environment or unreasonably interferes with the individual's school performance or participation in educational opportunities;
 - iii. Sexual advances, requests for sexual favors, or physical conduct of a sexual nature.
- c. All Employees and volunteers are expected to work with other district employees to teach students and to supervise or to be supervised in their work by other employees without regard to race, color, religion, sex, national ethnic origin, age, martial status or disability.

5. Drug Free Workplace

- a. The Mt. Holly Township School District complies with the Drug Free Workplace Act of 1988 to maintain a drug-free workplace. The "workplace" is defined by U. S. Code and Code of Federal regulations and is amended from time time at the discretion of those organizations.
- b. Each employee and the public is hereby notified by this policy that the unlawful manufacture, dispensing, possession, distribution, or use of a controlled substance or alcohol is strictly prohibited at any and all work sites or work related functions or as a part of any school activity, or any function held on the school board property.

6. I am aware that, for the protection of students, the Mt. Holly Township School District may conduct criminal background checks on all volunteers. I hereby approve of such a check on my background and agree to provide my Social Security number, if requested by the district.

7. Have you ever been convicted of, pleaded guilty to, or had adjudication for a crime which qualifies you as a Tier 2 or Tier 3 sex offender?

Yes No

8. Have you ever been convicted of a crime or a disorderly persons offense where the victim was a person under the age of 18?

Yes No

9. I further authorize the Mount Holly Township Police Department to conduct a local background check and/or a check of my New Jersey driving history and to release results to the Mount Holly Township Board of Education including any and all relevant information that may be in the possession of the Mount Holly Township Police Department.

I understand that this information will be held in confidence by the Mount Holly Township Board of Education.

INSTRUCTIONS: My signature below indicates that I agree to adhere to statements 1-6 and that the information provided on statements 7 and 8 are correct and truthful.

Volunteer's Signature

Full Name (Please Print)

Address City State Zip

DOB Driver's License # State

Email Address

Home Phone Cell Phone Emergency #

DO NOT WRITE BELOW THIS LINE: OFFICE USE ONLY

THIS INDIVIDUAL IS RECOMMENDED FOR APPOINTMENT AS A SCHOOL VOLUNTEER.

School Administrator's Signature

Date