

**SAU 70 SCHOOLS  
VOLUNTEER APPLICATION and APPROVAL FORM**

New Hampshire RSA 508:17 states that "Any person who is a volunteer of a . . . government entity shall be immune from civil liability in any action brought on the basis of any act or omission resulting in damage or injury to any person if (a) the . . . entity has a record indicating that the person claiming to be a volunteer is a volunteer for such . . . entity; and (b) the volunteer was acting in good faith and within the scope of his official functions and duties with the organization; and (c) the damage or injury was not caused by willful, wanton, or grossly negligent misconduct by the volunteer."

The undersigned applicant affirms that he/she knows of no reason, medical or otherwise, which would prevent him/her from performing the tasks required; that he/she is acquainted with what is required to perform those tasks and has the skill and ability to perform them; that he/she assumes full responsibility for his/her safety, except where resulting from the negligence of the District; that he/she will hold the District harmless for any injury to himself/herself of his/her property and for injury or damage resulting from his/her own negligence; that he/she will perform the volunteer service in compliance with the standards and specifications established by the District; and that he/she will honor the direction of District officials to suspend or terminate service.

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

Street Address: \_\_\_\_\_ Town, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Child(ren)'s Last Name, First	Grade	School Year	Teacher
_____	_____	_____	_____
_____	_____	_____	_____

Interests/skills \_\_\_\_\_

Preferences: School: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ Group, or One on One: \_\_\_\_\_

Available times/days: \_\_\_\_\_

**Confidentiality**

I recognize my commitment to confidentiality, understanding that it means that I will not share personally identifiable information with anyone. I understand my tenure as a volunteer will continue until my resignation, until my termination by the District, or until my services are complete, whichever may come first.

Have you ever been convicted of a crime or misdemeanor?  Yes  No

Are there any charges pending against you?  Yes  No

Please explain any "Yes" answers: \_\_\_\_\_

(Affirmative responses will not automatically exclude you from consideration.)

Emergency Contact: \_\_\_\_\_

**Volunteers who will be transporting students in private vehicles**

District rules regarding volunteer drivers include the following:

1. Any use of private vehicles for transportation of students to or from school on field trips, athletic events, or other school functions, must have prior authorization by the Superintendent (or designee). Those providing unauthorized student transportation do so at their own expense and liability.
2. Any employee or private citizen using his own vehicle to provide school-authorized student transportation must have auto liability insurance with limits of not less than \$100,000/\$300,00. The District will maintain liability insurance, which will be in excess of the owner's primary insurance for authorized student transportation.
3. Those providing transportation on an incidental basis must have a valid driver's license, and a vehicle that has a current VT or NH inspection sticker. The vehicle shall contain a sufficient number of seat belts to accommodate all occupants.

The activity for which you might be approved for as a volunteer has been determined to be one where use of your private vehicle may be necessary. I will volunteer to transport students in my private vehicle.  Yes  No

I certify that my personal auto insurance meets the requirements as stated above.  
I acknowledge that I have read and understood this page.

*(See reverse of this page)*

\_\_\_\_\_  
Signature of Volunteer

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

\_\_\_\_\_  
Date

**School Principal**

(To be completed by the School Principal)

I hereby recognize the afore-mentioned person as a volunteer of the District for the purpose of participating in the activity as identified by the District Volunteer Coordinator.

Criminal record check required? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, send volunteer to SAU office for a background check.

\_\_\_\_\_  
Signature of School Principal

\_\_\_\_\_  
Date

**District Volunteer Coordinator**

(To be completed by the District Volunteer Coordinator)

Nature and scope of services to be performed: \_\_\_\_\_

School employee with oversight authority: \_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer Coordinator

\_\_\_\_\_  
Date