



To be completed by the Student Volunteer/Participant:

Please review the WCPSS Volunteer Agreement and complete your response to each statement.

1. I understand that my time and service in a student volunteer/participant capacity are given without expectation of any form of compensation from WCPSS for this service. In exchange for the opportunity to serve as a student volunteer/participant for WCPSS, I agree to abide by the requirements of this Student Volunteer/Participant Agreement.	Yes, I agree. <input type="checkbox"/>
2. I agree to watch any required training video for student volunteers/participants, including any additional training if I serve as a virtual student volunteer/participant.	Yes, I agree. <input type="checkbox"/>
3. I agree to maintain professional communications with students at all times. I agree to immediately report to WCPSS staff any inappropriate communications by students or any concerns related to a student's health or safety.	Yes, I agree. <input type="checkbox"/>
4. I understand and acknowledge that personally identifiable information about students is protected under the Family Educational Rights and Privacy Act ("FERPA") and that I am under the direct control of the WCPSS with regard to the use of student records or information, including photographs and other media. I agree that I am bound by FERPA to keep confidential any information about students that I may learn while serving as a student volunteer/participant. I understand that nothing in this agreement gives me any right to access information about students.	Yes, I agree. <input type="checkbox"/>
5. I agree not to audio or video record any student volunteer/participant sessions with students through any means, nor capture or use any photograph of a student.	Yes, I agree. <input type="checkbox"/>
6. I agree that I will not have any contact with my students outside of my student volunteer/participant responsibilities without the explicit permission and/or supervision of my student(s)'s parent/guardian(s). I understand that this includes contact through social media. I further agree that if I serve as a virtual student volunteer/participant, I will not have any in-person meetings or other in-person interactions with my student(s) without the explicit permission and/or supervision of my student(s)'s parent/guardian(s).	Yes, I agree. <input type="checkbox"/>
7. I affirm that I have not been convicted of any felony involving violence, illegal drugs, or theft. I further affirm that I have not been convicted of any misdemeanor or felony involving child abuse, sexual assault, sexual abuse, sexual offense, or personal impropriety of a sexual nature with regard to any other person. Finally, I affirm that I am not currently charged with any felony offense.	Yes, I agree. <input type="checkbox"/>

To be completed by the Student Volunteer/Participant:

I certify that I have read, understand and agree to comply with the WCPSS Student Volunteer/Participant Agreement.

TYPE OR PRINT YOUR FULL NAME

SIGN YOUR FULL NAME

To be completed by the Parent/Guardian of the Student Volunteer/Participant:

I certify that I have reviewed the WCPSS Student Volunteer/Participant Agreement with my child/student and that we both read, understand and agree to comply with the WCPSS Student Volunteer/Participant Agreement.

I further certify that, to the best of my knowledge, my child/student has not engaged in any conduct involving child abuse, sexual assault, sexual abuse, sexual offense, or personal impropriety of a sexual nature with regard to any other person or any other conduct as describe in Question 7 above.

TYPE OR PRINT YOUR FULL NAME

SIGN YOUR FULL NAME
