



Seymour Community School District, 10 Circle Drive, Seymour, WI 54165

Phone: 920 833-7199/Fax: 920 833-9376

Email: bschmit@seymour.k12.wi.us

READING PARTNERSHIP PROGRAM VOLUNTEER AGREEMENT

Name: _____
(Last) (First)

I, _____, understand and agree that my involvement as a volunteer with the Seymour Community School District is performed with and under the following provisions:

1. My services as a volunteer are at the request, knowledge, and control of the Seymour Community School District through its administrators and teaching staff.
2. I will not be paid any salary or stipend for my services.
3. I will not be eligible for or request any benefits for my services.
4. I will not transport or leave school grounds with students.
5. I will familiarize myself with and adhere to all policies and procedures established by the Seymour Community School District Board of Education and administrative staff.
6. I am aware that the School District may do a background check.
7. Information that I may learn about students or their families in my role as volunteer must be kept confidential. If I have concerns about anything that occurs during the time I am serving as a volunteer, I will bring them to the attention of the classroom teacher or the person supervising the activity.

I understand any false statements, misrepresentation of facts, or violations of this agreement are grounds for exclusion from this program. I hereby certify that the statements above are true and correct to the best of my knowledge and belief.

Signature

Date

Please drop off agreement at the school office of your choice or mail to:
Seymour Community School District
Attn: Betty Schmit
10 Circle Drive
Seymour, WI 54165