

Gettysburg Area School District

VOLUNTEER REGISTRATION FORM/DISCLOSURE SHEET

In accordance with Policy 916, all volunteers must have a registration form/disclosure sheet on file in the building where services are provided.

Name: _____ Phone (H) _____

Address: _____ Phone (Mobile) _____

E-Mail: _____

Are you a parent of a current GASD student?

Student's name: _____ School: _____

Student's name: _____ School: _____

Area of Interest (check all that apply)

- Classroom/Building
- PTO
- Booster Organization
- Coach
- Chaperone
- Board of School Directors
- Other (Where? Please describe _____)

Name of employee/teacher you will be working with (if applicable): _____

Building Administrator Signature: _____ Date: _____

As a school volunteer you may become aware of information about a student and their family which is confidential. This can include grades, performance, skill levels and other information shared in the classroom. It is imperative that this information remain strictly confidential. Discuss student behavior and/or progress **ONLY** with the teacher.

- I agree that confidentiality of student information is critical and I shall protect such information should I become aware of it.
- I have received and reviewed a copy of the Gettysburg Area School District Volunteer Policy. I understand the procedures and responsibilities as a volunteer and I agree to abide by them.

Volunteer Signature

Date