

Cedar Falls Community School District
Volunteer Information – to be completed annually

Please Print Clearly

Today's Date: ____/____/____

Full Name: _____

Cell Phone: _____ Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Do you have any allergies of which we should be aware?

Do you have any medical concerns of which we should be aware? (diabetes, seizures, etc.)

Who should we contact in case of emergency?

_____ Phone: _____

COVID Precautions: If you experience any of the below symptoms, please stay/go home:

High Risk 1 or more high risk symptoms, you must stay/go home.

Cough – new symptom, different than the norm

Shortness of breath or difficulty breathing

New loss of taste or smell

LOW Risk 2 or more low risk symptoms, you must stay/go home.

Fever >100.4F Fatigue Muscle or body aches Nausea or vomiting

Sore throat Headache Congestion or runny nose Diarrhea

- The Cedar Falls School District buildings are tobacco, alcohol, and drug-free zones.
- No one other than school staff may take a student off campus without written permission of the parents and the school principal.
- Unless otherwise authorized, all volunteers must remain within sight of a school staff member.
- No one other than approved school staff may administer medicines (this includes all over the counter medication such as: Tylenol, cough drops, antihistamines) to students.
- Due to possible food allergies no food, candy, or beverages are to be given to any students.
- Refer any injury or accident to the classroom teacher who will follow the proper procedures.
- Information received from working in the school is to be kept strictly confidential.

Volunteer's Signature: _____ Date: _____

Cedar Falls Community School District
Cedar Falls, Iowa 50613-2214

Volunteer's Confidential Statements / Assurances – to be completed annually

As one component of the District's policy to provide safe learning environments for students and staff who work with volunteers in the schools and at school activity sites, the following information is required from all persons who seek approved volunteer status.

1. Have you ever been convicted of, or plead guilty to, a serious misdemeanor, aggravated misdemeanor or a felony under Iowa law or the laws of any other state or country?

_____ Yes _____ No

2. Have you ever been convicted, or had an administrative finding, or violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children?

_____ Yes _____ No

3. Have you ever been the subject of, or been listed as, the perpetrator in a founded child abuse report?

_____ Yes _____ No

4. Are you required to register as a sex offender with the Sex Offender Registry or with any other such registry?

_____ Yes _____ No

5. Do you currently have charges pending, or are there any ongoing investigations relating to any of the situations listed above?

_____ Yes _____ No

6. (For those who will be volunteer drivers) Has your driver's license ever been revoked or suspended?

_____ Yes _____ No

(A yes response to any of the above questions will lead to an interview with an administrator)

School(s) in which you wish to serve: _____

By my signature, I agree that should any of the information above change in the future, I shall immediately contact the Administrative Center and inform the District of any changes.

I further certify that the information provided herein is complete and correct. I understand that this form will be filed in the District's Administrative Center.

Volunteer Signature

Date

Principal or Designee Signature

Date