



St. Lucie County Volunteers in Public Schools  
4204 Okeechobee Road • Fort Pierce, FL 34947-7299 • (772) 429-3963

**Kathie Schmidt, *District Coordinator***

STATEMENT OF UNDERSTANDING

As a Volunteer for the St. Lucie County Public School District, I fully understand the guidelines presented below. I will agree to follow the routine procedures and recommendations therefore, I have placed my initials in the space provided beside each statement which I understand:

- \_\_\_\_\_ I will wear my name-tag while on school campus.
- \_\_\_\_\_ I will sign in and out, specify the number of hours served and indicate locations of service.
- \_\_\_\_\_ I will direct questions and concerns to the school volunteer coordinator.
- \_\_\_\_\_ I will insist on having a supervisor present at all times when I am working with students.
- \_\_\_\_\_ I will treat information obtained about students and staff in a strict confidential manner.
- \_\_\_\_\_ I will never discipline a child, it is not my responsibility to do so.
- \_\_\_\_\_ I will call the school main office or volunteer coordinator if I cannot fulfill my date and/or time obligation.
- \_\_\_\_\_ I will maintain the "No Touch" policy as written in the SLCSB District Volunteer Handbook.
- \_\_\_\_\_ I will dress and conduct myself in a professional manner at all times.
- \_\_\_\_\_ I will follow policies and procedures as directed by principal and/or site coordinator
- \_\_\_\_\_ I am aware children not enrolled in a SLC school are not permitted on campus while I am serving as a volunteer.
- \_\_\_\_\_ I understand parents are not placed in their child's classroom on a regular basis
- \_\_\_\_\_ I understand a security screening is completed on every potential volunteer; if the information is misrepresented on my registration or if I have a past felony charge. I will be asked to volunteer with an agency outside the school district.

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Date

OVER

**The volunteer acknowledges that the types of activities to be performed for the School District involve access to records and information that are private and confidential under state and federal law and School Board policy.**

**The volunteer further acknowledges receiving instruction and training from the School District in the identification and handling of confidential records and information; acknowledges receiving and reviewing the following policies, manuals, and guides relating to the proper handling of such records and information\_\_\_\_\_ (“Confidentiality Guidelines”); and acknowledges having an opportunity to ask questions of School District personnel concerning the Confidentiality Guidelines.**

**The volunteer agrees to maintain the confidentiality of all personally identifiable information concerning teachers, parents, students, and other school constituents, and to disclose such information to others only in strict compliance with the Confidentiality Guidelines.**

**In the event the volunteer has any question concerning whether specific information is confidential, or whether a particular individual or organization is authorized to access, view, or receive such information, the volunteer agrees not to disclose the information until receiving express direction from authorized School District personnel.**

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

\_\_\_\_\_  
Date