



School District  
of  
Borough of Morrisville

School District Offices  
550 West Palmer Street  
Morrisville, Pennsylvania 19067-2195  
Phone (215) 736-2681  
Fax (215) 736-2413  
www.mv.org

Jason B. Harris  
Superintendent of Schools

Colleen Gartland  
Director of Finance

**VOLUNTEER AFFIRMATION**

I \_\_\_\_\_, agree to serve as a volunteer in the School District of Borough of Morrisville ("District"). I affirm that I have read the attached Board Policy and agree to follow with guidelines as set forth therein.

I understand that I am not an employee of the District and the administrator, teacher, or supervisor who is employed by the District who is overseeing my volunteer activity is the decision maker, and I will respect his or her authority. When working with students, chaperoning a field trip or school activity, I will report to the person of authority all incidents of inappropriate behavior on any hazardous situations which I witness.

I understand that as a volunteer, I will be viewed as a representative of the District. I will conduct myself in a professional manner and will maintain a professional relationship with students, District staff, and others involved in District activities.

I agree to respect the privacy and anonymity of each child by maintaining the confidentiality of any information that I receive while serving as a volunteer.

I agree to report all incidents of suspected child abuse to the teacher or supervisor in charge of my volunteer activities. I further understand that I may be required to make a report to the appropriate authorities.

I assume responsibility for being familiar with and following Board Policies and Administrative Procedures regarding reporting of child abuse, possession or distribution of any controlled substance, student hazing, discrimination, use or possession of tobacco, and accommodation of special needs student.

As a measure to ensure the safety of Morrisville Borough students and staff members, I understand that all volunteers will be required to have the state required clearances.

I further agree that I enter the Volunteer Program of my own free will, to serve without cost to the District, understanding that I am not an employee or agent of the District and therefore not covered by any of its insurance programs or policies and therefore I assume all responsibility for any injury, accident, or illness that may occur to me during my volunteer service and release the District, its agents or employees from any and all liability for the same, and hereby agree to indemnify them and save them harmless for any sums they may be required to pay on my account.

As a volunteer, I am required to receive tuberculosis screening if my volunteer work may involve ten (10) or more hours per week in direct contact with children. I understand I must be documented free from tuberculosis before serving as a volunteer.

Check one of the following:

- I will have direct contact with students *less than* ten (10) hours per week.
- I will have direct contact with students ten (10) or more hours per week.

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

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

\_\_\_\_\_  
Date