



Butterfly Ridge Elementary School

Volunteering Interest Survey

Name _____

Student(s) _____

1. Helping in the Classroom

- Listen to students read
- Practice math facts
- Reproduce materials
- Work in the library
- Make and play instructional games

2. Volunteering for PTA or Special School Events

- Family Engagement Events
- Blazer Buddies
- Field day
- Assist on field trips

3. Helping Prepare Instructional Materials

- Cutting materials and organizing games or small group activities

4. Assist in the Cafeteria

- Help students through the lunch line, open items for students, assist students with composting

BUTTERFLY RIDGE ELEMENTARY SCHOOL

VOLUNTEER CONFIDENTIALITY AGREEMENT 2019-2020

I understand that the work I do is of great benefit and service to Butterfly Ridge Elementary.

As part of my volunteerism, I may see, hear, or be in the vicinity of information regarding students and staff.

I, _____, agree that I will preserve confidentiality for all information seen or heard during the course of my volunteer hours, and uphold our principle of honor at Butterfly Ridge Elementary School. After attending the BRES Volunteer Orientation/Training for the 2019-2020 school year, I understand my responsibilities as a volunteer. Additionally, I fully understand the policies and procedures established by the BRES staff and administration. Confidentiality is of utmost importance and I understand that I may not share confidential information and that sharing of information will revoke my ability to volunteer at BRES.

Signature _____

Date _____

VOLUNTEER EMERGENCY INFORMATION

NAME _____

STUDENT NAME(S) _____

EMERGENCY CONTACT #1 _____

RELATIONSHIP TO YOU _____

PHONE #1 _____ PHONE #2 _____

EMERGENCY CONTACT #2 _____

RELATIONSHIP TO YOU _____

PHONE #1 _____ PHONE #2 _____

PHYSICIAN'S NAME _____

PHYSICIAN'S NUMBER _____

ALLERGIES or OTHER HEALTH CONCERNS:

BUTTERFLY RIDGE ELEMENTARY SCHOOL

ACUERDO DE CONFIDENCIALIDAD VOLUNTARIO 2019-2020

Entiendo que el trabajo que hago es de gran beneficio y servicio para Butterfly Ridge Elementary.

Como parte de mi voluntariado, puedo ver, escuchar o estar cerca de información sobre estudiantes y miembros del personal.

Yo, _____, acepto que preservaré la confidencialidad de toda la información vista u escuchada durante el transcurso de mis horas de voluntariado, y defendiendo nuestro principio de honor en la Escuela Primaria Butterfly Ridge. Después de asistir a la Orientación de Voluntarios BRES para el 2019-2020 año escolar, entiendo mis responsabilidades como voluntario. Además, entiendo completamente las políticas y procedimientos establecidos por el personal y la administración de BRES. La confidencialidad es de suma importancia y entiendo que no puedo compartir información confidencial y que compartir información invocará mi capacidad de ser voluntario en BRES.

Firma _____

Fecha _____

INFORMACIÓN DE EMERGENCIA VOLUNTARIA

NOMBRE _____

NOMBRE DEL ESTUDIANTE(S) _____

CONTACTO DE EMERGENCIA #1 _____

RELACIÓN CONTIGO _____

TELEFONO #1 _____ TELEFONO #2 _____

CONTACTO DE EMERGENCIA #2 _____

RELACIÓN CONTIGO _____

TELEFONO #1 _____ TELEFONO #2 _____

NOMBRE DEL MÉDICO _____

TELEFONO DEL MEDICO _____

ALERGIAS o OTRAS PREOCUPACIONES DE SALUD: