



New Market Middle School

Volunteer Confidentiality Agreement

I understand that the work I do is of great benefit and service to the staff and students at New Market Middle School. As a 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 integrity at New Market Middle School. I also agree, by signing this form, that I have viewed and understood all of the Volunteer presentation.

Signature: _____ Date: _____



New Market Middle School

Volunteer Emergency Card

(Confidential: To be kept on file in the front office)

Date: _____

Name: _____

Phone Number: _____

Spouse/Partner Name: _____

Spouse/Partner Work Number: _____

Spouse/Partner Cell Number: _____

Other Emergency Contact:

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Allergies or other Health Conditions:
