

Thank you for your interest in volunteering with Murfreesboro City Schools. Volunteers play a vital role in supporting our students, staff, and community. Your contribution of time and effort helps us create a safe and engaging educational environment. To ensure a rewarding experience for both you and the school, we ask all volunteers to adhere to the following expectations. These guidelines are in place to maintain a positive and respectful atmosphere, uphold safety standards, and protect student confidentiality. Please read through the expectations carefully and sign below to acknowledge your understanding and commitment.

1. The role of the volunteer is to support the classroom teacher, the building principal, or other staff member as assigned.
2. Volunteers are expected to be professional and have the ability to work cooperatively with school and district staff.
3. Volunteers must respect the teacher and student's right to privacy. Any problems or concerns regarding the children that volunteers may work with should be discussed only with the teacher/ staff member with whom they are working or the principal.
4. Volunteers must maintain the confidentiality of all student education records and information to which they are given access.
5. Volunteers should only give food, drink or candy to any student if authorized by the student's teacher.
6. Volunteers must refer disciplinary issues or student behavior concerns directly to the student's teacher.
7. Volunteers must notify the principal, counselor, or teacher immediately if a student confides about a situation of abuse or neglect. Staff will assist with necessary follow-up protocols.
8. In the event of an emergency during the course of volunteering, volunteers are expected to follow all directions provided from MCS personnel.
9. Volunteers must appear clean, neat, and appropriately attired.
10. Volunteers must not use or be under the influence of alcohol or illegal substances during the course of volunteering.
11. Smoking and the use of tobacco products on school grounds or while on field trips is prohibited. This includes the use of smokeless tobacco and/or vaping.
12. Volunteers must treat all employees, students, and volunteers equally regardless of gender, race, religion, or culture. CMCSS will not tolerate any verbal, nonverbal, or physical conduct that harasses, disrupts or creates an intimidating, offensive or hostile environment.

I have read and understand the volunteer expectations outlined by Murfreesboro City Schools. I agree to abide by the guidelines during my time as a volunteer and understand that failure to do so may result in dismissal from volunteer activities.

Signature: _____ **Date:** _____



VOLUNTEER APPLICATION 2024-2025 SCHOOL YEAR

Thank you for your interest in becoming a volunteer with Murfreesboro City Schools. Please complete the following application. All information is required to ensure the safety and security of our students.

Legal Name: _____ Date of Birth: _____

Address: _____

Phone: _____ E-mail: _____

Driver's License or State Identification Number: _____

Emergency Contact Name: _____ Contact Phone: _____

Preference(s) for Volunteer Location(s)?

Preferred dates and times for volunteering: _____

Are you a parent/guardian of a student in Murfreesboro City Schools? Yes No

If yes, list the name(s) and grade(s) of your child(ren):

Have you volunteered with Murfreesboro City Schools before? Yes No

If yes, when and at which school(s)? _____

Background Information:

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain: _____

Have you been listed on/or are you listed on Tennessee's abuse of vulnerable persons registry maintained by the Department of Health? Yes No

Have you ever had any allegation of child abuse filed in your name? Yes No

Consent and Authorization:

I understand that Murfreesboro City Schools may conduct a background check as part of the volunteer application process. By signing this application, I authorize the district to verify the information provided. I acknowledge that my participation as a volunteer is contingent upon satisfactory background check results.

Signature: _____

Printed Name: _____ Date: _____

For Office Use Only: Background Check Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Signature of Approver: _____ Date: _____
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