

VOLUNTEER AUTHORIZATION

1.0 The District values the presence of volunteers who support its educational programs and activities. Therefore, the Superintendent authorizes the use of volunteers when they perform duties on behalf of the District as authorized by the principal, or by the Superintendent's designee for services to be performed at the District level. Principals and the Superintendent's designee may delegate supervision of volunteers to other District staff.

1.1 Volunteers shall complete a volunteer application, sign the statement of understanding, complete the volunteer screening and skills inventory forms. Volunteer applicants will be screened by the principal or the Superintendent's designee prior to providing ongoing volunteer services.

1.2 Volunteers requesting to assist with secondary school athletics or activities shall complete and sign the Authorized Athletics Volunteer Agreement.

1.3 Non-court ordered students requesting to volunteer at a school other than the one they attend shall be screened by the principal, Safe and Secure Environments Department or Superintendent's designee prior to providing volunteer services. The screening may involve review of the student's behavior/discipline records maintained by the District. Screening results will be considered in the approval or denial of a volunteer application. These students will not be required to complete a volunteer application, but shall read and sign the Volunteer Code of Conduct.

1.4 Individuals who have been court-ordered to perform community service are not authorized to serve as volunteers unless the individual is a District student and is approved by a building administrator to perform community service in the student's school of enrollment.

1.5 Volunteer activities must take place in a highly public setting when working with students. All volunteer activities shall be conducted under supervision of school or District staff.

VOLUNTEER AUTHORIZATION

2.0 The District reserves the right to require background checks and/or fingerprinting of any prospective or current volunteer. Principals and the Superintendent's designee shall determine when circumstances supporting a background check/fingerprinting exist.

2.1 All prospective and current volunteers shall have a registered sex offender screening conducted by school staff or the District's Safe and Secure Environments staff.

2.2 The principal or designee has the right to deny or revoke any person's volunteer status at any time.

2.3 The principal or designee determines the schedule, work location and duties of volunteers.

3.0 Each school shall develop and implement procedures for registering the presence of volunteers in the building.

4.0 Each school shall communicate applicable District policies and provide appropriate training to authorized volunteers who serve on a regular basis.

LEGAL REFERENCE:
C.R.S. 24-10-103(4)(a)

CROSS REFERENCE:
Code: 6270



Date Application Received _____

Initial _____

Assignment _____

Date _____

VOLUNTEER APPLICATION

Adams 12 Five Star Schools

Thank you for your interest in the Adams 12 Five Star Schools. We appreciate volunteers and the role they play in continually improving our schools. We realize you're taking the first steps in contributing time to your schools and District. Please complete the following questionnaire. We have a responsibility to our parents and children to know those who work in our schools and therefore reserve the right to conduct background checks and fingerprinting of any volunteers. Please answer each question completely. Please type or print your responses in blue or black ink. Information you provide in this application is considered confidential.

Personal Data

_____	_____	_____	_____
Last Name	First Name	Phone	
_____	_____	_____	_____
Street Address	City	State	Zip Code

Date of Birth _____

Interested in the Senior Tax Rebate Program? Yes _____ No _____

(Must be 60 years of age or older and own property in Adams County.)

Do you have a valid driver's license? _____ Number _____

Have you volunteered in the Adams 12 Five Star Schools before? Yes _____ No _____

If yes, when and where? _____

When would you prefer to work? a.m. _____ p.m. _____ either _____

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Any Day _____

I prefer: Elementary _____ Middle Level (Grades 6-8) _____ High School _____

Central Administration _____ Support Services _____

I would be most comfortable working with: Adults _____ Students _____

Use this section to describe your qualifications, areas of expertise, and capabilities. Include specific skills, use of office equipment, machinery and computers.

CHARACTER REFERENCES

Please provide the names, addresses and phone numbers for at least two (2) non-family members who know you and can speak to your skills and character.

1.

Name		Phone	
Address	City	State	ZIP

2.

Name		Phone	
Address	City	State	ZIP

LEGAL INFORMATION

Have you ever been convicted, pled nolo contendere, or received a deferred prosecution or judgment in response to a felony, misdemeanor, or criminal charge (excluding minor traffic offenses such as speeding)?

Yes _____ No _____

Have you ever been involuntarily terminated, asked to resign or tendered your resignation to avoid termination in connection with any position in which you worked with children?

Yes _____ No _____

Are there any past or present incidents which would provide the basis for alleging that you engaged in immoral conduct which affects the health, safety or welfare of children?

Yes _____ No _____

If your answer is "yes" to any of the above questions, please provide complete details on a separate sheet stating date, charge, place and action taken. Be advised that an affirmative answer does not automatically disqualify an applicant. An additional notarized statement similar to the above will be required, if you are recommended for the position.

STATEMENT OF UNDERSTANDING

I hereby authorize any employee, law enforcement agency, administrator, state agency, institution or private information bureau to provide Adams 12 Five Star Schools, or any person or agency so authorized, any and all information they might have, personal or otherwise, with regard to any subject which may bear upon my fitness for the position.

This authorization shall be valid as long as the application remains active in the Adams 12 Five Star Schools District or, if I should become a volunteer for the Adams 12 Five Star Schools, for the duration of my position. A photographic copy of such authorization shall be as valid as the original.

I agree that neither Adams 12 Five Star Schools nor any such parties listed herein shall be held liable in any respect if any position offered is not tendered, is withdrawn or my position is terminated due to falsity of the statements and answers in this application form, made or given pursuant to this application. Denial of information requested above may prevent consideration of this application.

I have read the Adams 12 Five Star Schools volunteer handbook and agree to follow all District policies, procedures and protocols with regard to student safety, confidentiality, discipline and school rules.

Signature

Date

VOLUNTEER SCREENING

I, _____ ,
(Printed Name)

wish to volunteer at Legacy High School
(School / Schools)

for school year 2026 -2027
(School Year)

Before I am allowed to volunteer I agree that I am not currently, nor have I ever been, listed as a registered sex offender (RSO) in this or any other state. I agree to a registered sex offender check before I am allowed to work with any Adams 12 students. If I was previously listed as a registered sex offender I agree to full disclosure of the circumstances of my registered sex offender status and authorize a full background check.

ATTEST:

I have never been listed as a RSO: _____
(Signature)

I am currently listed as a RSO in _____
(State) (Signature)

I was listed as a RSO in _____, from _____
(State) (Years) (Signature)

Staff Use Only:

RAPTOR Check: _____

Date: _____

Approved: _____

Follow up requested: _____

Volunteer Skills Inventory

Please check the box next to the skills you have in each category. Add any additional skills in number 6.

A. – CLERICAL

1. Type _____
2. Sort / File _____
3. Telephone _____
4. Data Entry _____
5. Copy Machine _____
6. Marquee/Signage _____

D. – COMPUTER

1. Word Processing _____
2. Spread Sheets _____
3. Desktop Publishing _____
4. Programming _____
5. Repair _____
6. Web Site _____
7. Tech Support _____

G. – FIELD TRIPS

1. Chaperone _____
2. Planning _____
3. Arrangements _____
4. Alternate Activity _____
5. Evaluation _____
6. _____

J. – LIBRARY

1. Re-shelving _____
2. Check Out _____
3. Displays _____
4. Periodicals _____
5. Story Telling _____
6. _____

M. – PRINT SHOP

1. Binding / Collating _____
2. Bulk Mail _____
3. Graphics _____
4. Photography _____
5. Clerical _____
6. _____

**P. – COACHING OR
ACTIVITIES**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

B. – TUTORING

1. Math _____
2. Reading _____
3. History _____
4. Geography _____
5. Science _____
6. Gifted/Talented _____

E. – ENRICHMENT

1. Art _____
2. Dance _____
3. Writing _____
4. Music _____
5. Theater _____
6. _____
7. _____

H. – CAFETERIA

1. Table/Monitor/Mother _____
2. Table Sanitizer _____
3. Recess Monitor _____
4. Class Chaperon _____
5. _____
6. _____

K. – CLINIC

1. Attendant _____
2. Record Keeping _____
3. Supplies Management _____
4. Parent Notification _____
5. TLC _____
6. _____

N. – MAINTENANCE

1. Custodial _____
2. Yard Work _____
3. Landscaping _____
4. Machine Repair _____
5. Warehouse _____
6. _____

**Q. – SERVICE CLUBS AND
ORGANIZATIONS**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

C. – FOREIGN LANGUAGES

1. Spanish _____
2. French _____
3. German _____
4. Japanese _____
5. Latin _____
6. Sign Language _____

**F. – PHYSICAL EDUCATION
AND PLAYGROUND**

1. Supervision _____
2. Score Keeper _____
3. Handicapped _____
4. Equipment _____
5. Sports Medicine _____
6. _____
7. _____

I. – LABORATORIES

1. Preparation _____
2. Sciences _____
3. Computer _____
4. Industrial Arts _____
5. Domestic Arts _____
6. _____

L. EXTRA CURRICULAR

1. Odyssey of the Mind _____
2. Omnibus _____
3. Spelling Bee _____
4. Young AmeriTowne _____
5. _____
6. _____

O. – MISCELLANEOUS

1. Fundraising _____
2. Community Organizing _____
3. Newsletters _____
4. Crafts _____
5. Copy Machine _____
6. _____

R. – OTHER INTERESTS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

AUTHORIZED SECONDARY ATHLETICS/ACTIVITIES VOLUNTEER AGREEMENT

Adams 12 Five Star Schools, hereinafter called the District, and _____, hereafter called Volunteer, hereby agree as follows:

1. The District hereby contracts with Volunteer for the period commencing _____, 20____, and ending June 30, 2027.
2. Volunteer understands and agrees that he/she will not receive monetary compensation for services rendered to the District.
3. Volunteer shall be under supervision of the athletic director/head coach/activities director/principal. Volunteer agrees to perform such services and assignments as directed by and in accordance with the requirements of the school's athletic director/head coach/activities director/principal, all District policies, and all state and federal laws.
4. Volunteer shall assist one or more certificated coaches or teachers in the instruction, direction and supervision of students in the assigned sport or activity.
5. Volunteer understands that worker's compensation laws do not apply to this agreement and that the District shall have no obligation to pay for any medical treatment, lost wages, or other loss suffered by Volunteer while providing these volunteer services.
6. The Volunteer hereby authorizes the District to conduct a registered sex offender screening of the Volunteer and such further background/reference checks as the District deems appropriate.
7. This contract may be terminated by either party upon five (5) days written notice.
8. Volunteer agrees to indemnify, save, and hold harmless the District against any and all claims, losses, injuries, damages, expenses, liability and court awards including costs, expenses, and attorney fees incurred as a result of any act or omission by the Volunteer.

ATTEST:

Volunteer Date: _____

Staff Use Only:

RAPTOR Check: _____ Date: _____

By: _____
Athletic Director / Activities Director / Principal

_____ School Date: _____

By: _____ Date: _____
District Athletic Director (if applicable)

Approved: _____

Follow up requested: _____