



PALO ALTO UNIFIED SCHOOL DISTRICT
25 CHURCHILL AVENUE
PALO ALTO, CA 94306

Classroom Volunteer Pledge

Thank you for taking the time to work in your child's classroom. In order to ensure that students benefit from your service, please read this agreement carefully. Your signature and date will indicate your understanding of these conditions and your commitment to abide by these same conditions.

As a volunteer, I agree to:

1. Check in at the office before beginning my classroom volunteer assignment.
2. Maintain the confidential relationship of the classroom. Discussions and/or observations concerning student achievement, family issues, student behaviors, or teacher decisions are NOT to be held outside of the classroom. Volunteers need to report any safety or behavior issues to a school staff member. The staff member will determine the appropriate response.
3. Maintain each student's right to privacy.
4. Perform duties according to the direction of the teacher or his/her designee whether or not those activities include working with my own child.
5. Appear at the time promised. If I am unable to fulfill my commitment, I will inform the teacher, volunteer coordinator, or school clerk/secretary in advance, or will find a substitute to fulfill my responsibilities.

If you cannot agree to all five conditions, the classroom teacher will attempt to find other ways you can be of service to the school. This may include making copies, filling envelopes, cutting, laminating, or perhaps making phone calls to schedule field trips and confirm drivers.

_____ I accept these conditions. _____ I would prefer another volunteer opportunity.

Signature of Volunteer _____

Printed Name _____ Date _____

Thank you for your assistance!

Class/Grade _____