

LINCOLNVILLE CENTRAL SCHOOL
523 Hope Rd.
LincolNville, Maine 04849
207-763-3366

VOLUNTEER AGREEMENT FORM

I understand that as a volunteer at LincolNville Central School that ALL student and staff information is confidential. I agree not to access, review, disclose or use confidential student or staff information without specific authorization from a school administrator. I also understand that even when I am no longer a volunteer in the schools, any confidential information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in my immediate termination as a volunteer and may result in legal action against me.

I understand that I must comply with all Board policies and school rules applicable to school staff as well as all directions from school administrators and staff while serving as a volunteer. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the Superintendent and school principal at any time if they determine it is in the best interests of LincolNville Central School.

Signature of Volunteer

Date

Printed Name