

Volunteer Agreement

| Volunteer's Name (Please PRINT or Type): | |
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| Please list the names of the school(s) your child(ren) will attend, and any building(s) or sporting events where you will be volunteering: | |
| | |
| I, the UNDERSIGNED, hereby acknowledge and understand that any activities engaged in or work performed for the Central Bucks School District are entirely on a voluntary basis and are performed with no anticipation of financial remuneration, fringe benefits, insurance coverage of any type, or any other kind of compensation or benefit. It is understood that any activity or work undertaken will be performed only upon special assignment and only under direct supervision of authorized District personnel. | |
| further agree to hold harmless all officers, e School District for any and all claims, deman | es and procedures and directions from District personnel and employees, representatives and agents of the Central Bucks nds, liabilities, damages, actions, costs of fees, including any activities engaged in or work performed as a result of |
| | the Central Bucks School District assumes no liability or or obligations as a result of any activity or work in which I |
| | rticipation in District work or activities is extended to me by e revoked at any time by written notification. |
| _ | nains in effect throughout my volunteer service and does not main up to date and valid. I will update my App Garden y child(ren) attend. |
| Signature: | Date: |
| Email Address: | Phone Number: |