



MILWAUKEE  
PUBLIC SCHOOLS

## Volunteer Agreement Form

I, (print name) \_\_\_\_\_

have received a copy of, or access to, the Volunteer Handbook. I am aware that the following Administrative Policies apply to me as a volunteer and that the complete policies are available online:

Sexual Harassment Administrative Policy 6.03	Rules of Conduct Policy 6.07	Tobacco Product Use While on Board Property Administrative Policy 6.11
Pepper Spray: Use of Administrative Policy 6.32	Whistleblower Protections Administrative Policy 6.35	Student Non-Fraternization Administrative Policy 6.36
Weapons in the Schools (and Criminal Offences) Administrative Policy 8.23	Student Records Administrative Policy 8.42	Bullying Administrative Policy 8.52
Student Anti-Sexual Harassment Administrative Policy 8.02		

I am aware that I must follow all FERPA regulations and have read, understand and agree to the terms outlined in the Volunteer Handbook. I have been provided with contact information for an individual who can help with any questions or concerns I may have.

**PERMISSION:** In the event of any injury requiring medical attention, I hereby grant permission to the MPS staff (including volunteers) to attend to my son/daughter (“if applicable”) or myself including seeking medical attention.

**WAIVER:** I recognize that unanticipated situations and problems can arise during volunteer activities that are not reasonably within the control of the MPS staff (including volunteers). I therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officer, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys’ fees and costs) arising from such activities, including any accident or injury to myself or my child (“if applicable”) and the costs of medical services.

**PHOTO RELEASE:** I understand that there are times when the local media requests the opportunity to videotape, take photographs and/or interview children within MPS. I also give permission to MPS to make or use pictures, or videos of me, and of my minor child (“if applicable”) without compensation for MPS published, broadcast or electronic materials. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current academic school year.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if participant is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign and date this form and return to the parent coordinator or designated volunteer supervisor at the school/MPS location you are volunteering.**