



SHADY SIDE ACADEMY

LIMITED CONTACT VOLUNTEER REGISTRATION FORM

The Academy classifies volunteers into two categories: **Limited Contact Volunteers**, and **Substantial Contact Volunteers**. *While some examples are provided below for illustrative purposes, only a Head of School, the Academy President, or the Chief Financial Officer may make the determination of whether an individual volunteer falls into the “Limited” or “Substantial” contact category.*

Individuals designated as **Limited Contact Volunteers** must be registered with the Head’s Office of the Division (Junior, Middle, or Senior School) for which they volunteer. The reverse side of this *Limited Contact Volunteer Registration Form* must be completed, signed, and presented to the Head’s Office, along with current legal identification, prior to beginning any volunteer services.

A **Limited Contact Volunteer** is defined as any adult individual who:

1. Provides voluntary, unpaid services to the Academy
 2. Works under the supervision of and in direct contact with or close proximity to an Academy employee while performing his/her volunteer service
 3. Does not provide direct service to or have unsupervised contact with students
- AND*
4. Provides service on an occasional basis, not to exceed ten (10) days OR thirty (30) hours in a given school year.

Some examples of limited contact volunteers may include individuals who:

- serve as homeroom parents
- assist in the planning or conducting of classroom parties
- coordinate and serve on Middle School or Senior School “Bagel Days”
- act as “mystery readers” in younger classrooms
- occasionally assist with library checkout or bookstore operations



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Registration Date: _____ Academy Division: _____

Volunteer Activities: _____

Volunteer's Name: _____

Address: _____ Phone: _____

Alternate Phone: _____

Email Address: _____

I certify that the information I have furnished is accurate and truthful to the best of my knowledge and belief. I hereby authorize Shady Side Academy to investigate any or all statements I have made with the understanding that any misrepresentation may be considered cause to bar me, temporarily or permanently, from any/all volunteer activities.

Volunteer Signature: _____

Print Name: _____

Date: _____

FOR ADMINISTRATIVE USE

I certify that the above-named individual is accepted as a volunteer and that his/her participation in the above-named volunteer activities falls into the category of **Limited Contact Volunteer**, which does not require the submission of background checks.

Administrator Signature: _____

Print Name: _____

Print Title: _____

Date: _____