



## DAILARD VOLUNTEER CHECKLIST

Thank you for your interest in volunteering at Dailard Elementary! We appreciate your time.

### I have reviewed, completed, and submitted the following:

- Volunteer Application
- Volunteer Code of Conduct
- TB Clearance  
*You may obtain this from your healthcare provider, local pharmacy, or at Dailard on Tuesdays at with school nurse who can complete assessment questionnaire with you.*
- Provide identification card (staff will make a copy e.g. Driver's License, Military ID)
- COVID Vaccination Card (optional)

**Dailard Front Office Staff can share my name and contact information to Dailard staff and volunteers.**  
*The office staff would occasionally receive request from staff, DSF committees, room parents, etc. so they can reach out to cleared volunteers for their event/needs.*

\_\_\_\_\_  
YES – INITIAL

### I agree to the following:

- I agree if I have COVID like symptoms and/or sick, I will not volunteer that day and potentially expose others.
- I agree to submit the completed volunteer packet to Dailard Front Office.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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### OFFICE STAFF USE ONLY

*I have reviewed and processed the packet and contacted the volunteer regarding their volunteer status.*

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date