



Volunteer Program and Policy

Dear Parents and Friends:

As you know our school system in Union is excellent. Volunteering is a way to become part of this system. In striving for the best, we are reaching out to all our parents and friends to volunteer whatever time they are able.

Help is needed in classrooms, media centers, or wherever you would feel more comfortable. Won't you please consider joining us in making this another successful year.

A *volunteer* is...

“A person who gives their time without thought of reward”

1. A volunteer must have an application on file with the office in order to be in a school building.
2. Must have taken the NJ Division of Protection and Permanency (DCP&P Child Abuse, Neglect and Missing Children training.
3. Volunteers must use the VOLUNTEER SIGN-IN/SIGN-OUT sheet, located in the main Office or media Center of each school. (The hours of this sheet are the hours that will be accepted and accumulated on the file)

Only non-fund raising functions sponsored by the PTA will be considered as volunteering in the school system.

Any questions or concerns regarding this program may be directed to the Volunteer Office, located in Union High School. The office is open from 9:00am to 2:30pm.

Welcome and thank you for volunteering.

Wendy Ferraro, Secretary
Office of Volunteer Services
% Union High School
2350 North Third Street
Union, NJ 07083
908.851.4408



Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email: _____

Child's Name: _____ School: _____

Emergency Contact

Name: _____ Phone: _____

Preferences: (Check one)

Tutoring Elementary Secondary

Classroom Foreign Language Computer

Clerical Computer :Other

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Disclaimer and Signature

I will uphold the standards of the Union Township school system, and I will consider as confidential any information that I hear directly or indirectly

Signature: _____

Date: _____

NJ Division of Protection and Permanency (DCP&P) Training

My signature below indicates I read, reviewed, and understand the NJ Division of Protection and Permanency (DCP&P) Child Abuse, Neglect and Missing Children training modules and have completed the accompanying assessments

Signature: _____

Date: _____

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