



LINCOLN ACADEMY

VOLUNTEER REGISTRATION



PERSONAL INFORMATION

Full Name (Last, First, Middle)

Street Address

City, State Zip

Mailing Address (if different)

Telephone

Email Address

Do you hold CHRC authorization from the Maine Department of Education? YES NO

Are you fully vaccinated against Covid-19? YES NO

If so, have you received a booster vaccination? YES NO

Please check applicable affiliation with Lincoln Academy: • Parent • Retired/Former Employee
• Community Member • Student: Major/Expected Graduation Date •Other

Affiliation

Your child(ren) attending Lincoln Academy or area elementary school(s); please include their name, grade and school

Type of Volunteer Work Preferred:

- Subject/Classroom
- Athletic or Co-Curricular
- Specific Event
- Other

LINCOLN ACADEMY
ESTABLISHED 1801

81 Academy Hill, Newcastle, Maine 04553; 207.563.3596; www.lincolnacademy.org

Please indicate when you are available to volunteer

Please indicate special skills or interest you may have to share

ETHICAL EXPECTATIONS OF VOLUNTEERS

I understand the following ethical expectations are required of volunteers:

- All student information is confidential; sharing their personal or private information is a violation of federal law; any violation places me in a position of being held accountable for such confidentiality breach
- Share concerns with school staff only
- Wear appropriate attire
- Do not use school equipment for personal purposes
- Show respect for staff and students
- Do not share personal religious or political beliefs
- There is no smoking on school grounds
- There are no weapons allowed on school grounds
- There are no drugs allowed on school grounds

My signature below constitutes an understanding of the above statement and authorizes Lincoln Academy to conduct a background check for the safety and well-being of the students. Please return the attached background check release with your volunteer registration.

I certify that all information provided in this volunteer registration is true and correct to the best of my knowledge. I understand any misleading or incorrect statements may render this registration void and may lead to the termination of my volunteer status.

I understand that my registration cannot be finalized until I have completed the requirements for a complete background check.

Date

Volunteer's Signature

REGISTRATION INSTRUCTIONS

Please return your completed registration and background check release form to:

- In Person: Main Office, Lincoln Academy
- Email: brinkler@lincolnacademy.org
- US Mail: Lincoln Academy, Attn: Carole Brinkler, 81 Academy Hill, Newcastle ME 04553

You will be notified when your volunteer registration has been approved.