



## Volunteer Orientation and Agreement

Name of Volunteer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_ Student's Name: \_\_\_\_\_  
 Volunteer Assignment: \_\_\_\_\_

ADMINISTRATOR	SCHOOL PHONE	CELL PHONE
Principal: Drew Williams	435-652-3301	615-484-5597
Vice Principal: Brittany Andersen	435-652-3332	801-635-7990
Artistic Director: Kyle Lewis	435-652-3335	801-631-8787
Business Manager: Kent Brown	435-652-3303	435-773-1195

Make sure volunteer is aware of the following: **TOUR OF SCHOOL:**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Main Office     | <input type="checkbox"/> Conference Room   | <input type="checkbox"/> Workroom Room       | <input type="checkbox"/> Hafen Theatre     |
| <input type="checkbox"/> Rest Rooms      | <input type="checkbox"/> Atrium            | <input type="checkbox"/> Concession Stand    | <input type="checkbox"/> Library           |
| <input type="checkbox"/> Black Box       | <input type="checkbox"/> Cragun Art Studio | <input type="checkbox"/> Counselor Offices   | <input type="checkbox"/> Dance Studio      |
| <input type="checkbox"/> SPED Classroom  | <input type="checkbox"/> SRO Office        | <input type="checkbox"/> Annex 1/PE          | <input type="checkbox"/> Lunch Area/Picnic |
| <input type="checkbox"/> NEW Arts Center | <input type="checkbox"/> Showcare          | <input type="checkbox"/> School Parking Lot  | <input type="checkbox"/> TCA Box Office    |
| <input type="checkbox"/> TCA Main Office | <input type="checkbox"/> Amphitheatre      | <input type="checkbox"/> Annex 2 & 3/Science | <input type="checkbox"/> Seminary Building |

**SCHOOL POLICES:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Dress Code                | <input type="checkbox"/> Liability Coverage     | <input type="checkbox"/> Emergency Procedures |
| <input type="checkbox"/> Student Records & Privacy | <input type="checkbox"/> Sign-in/Volunteer Tags |   |

### ADMINISTRATIVE APPROVAL

This volunteer may have unsupervised access to students, and as such, the volunteer will have a background check.

\_\_\_\_\_  
 Administrator's Signature

\_\_\_\_\_  
 Date

### Volunteer Agreement

As a Tuacahn High School volunteer, I understand and agree that I have read and understand the school's orientation and emergency procedures. While performing volunteer services on the premises of Tuacahn High School, I will conform to all applicable laws, rules, and THS policies. In the course of volunteering for THS, I may be dealing with confidential information, and I agree to keep said information in the strictest confidence. I will follow the supervision and direction of the teacher or administrator to whom I have been assigned to perform my volunteer services and activities. Failure to do so may result in the school discontinuing my services. I hereby authorize the above named agency to conduct a background check. I do hereby release all persons, organizations, or government agencies from any damages to, or resulting from, furnishing such information. I also hold harmless the state of Utah and Tuacahn High School for the Performing Arts for any type of injury, mental or physical, which I may sustain while performing outside the scope of my volunteer duties.

\_\_\_\_\_  
 Volunteer's Signature

\_\_\_\_\_  
 Date

