

WAKE COUNTY PUBLIC SCHOOL SYSTEM

VIRTUAL VOLUNTEER PARENT/GUARDIAN PERMISSION FORM

I, _____, as Parent/Guardian(s) of _____ hereby acknowledge, understand, and agree to the following regarding the virtual volunteer program (the “Program”) at my child’s school:

- a) I give permission for my child to participate in the Program. This is a voluntary program conducted through [INSERT NAME OF ORGANIZATION] intended to connect students with virtual volunteers in order to provide supplemental support and increase student engagement and performance. The Program is not intended to replace regular instruction. Volunteers are not licensed educators, and volunteer sessions will not take place during instruction provided by my child’s teachers.
- b) The Program involves virtual volunteers who are employees of [INSERT NAME OF ORGANIZATION], not the WCPSS. These volunteers will be screened (including a criminal background check and sexual offender registry check), must maintain professional communications with my child at all times, and are responsible for their own conduct and interactions with my child.
- c) Volunteer sessions will not take place on WCPSS property. All sessions will be conducted through a district-approved virtual video conferencing platform, such as Google Meet, and may not be supervised or monitored by WCPSS staff.
- d) Volunteers are not allowed to have any in-person meetings or other interactions with my child and will not have any contact with my child outside of virtual volunteer sessions (including through social media) without my explicit permission and/or supervision.

I understand that my child’s participation in the Program is completely voluntary. I can terminate my child’s participation at any time by making a verbal or written request to the School Principal.

(Signature of Parent/Guardian)

(Printed name of Parent/Guardian)

Date _____