



**VOLUSIA COUNTY SCHOOLS
PARENT/GUARDIAN CONSENT FORM
FOR VIRTUAL SERVICES OF SCHOOL VOLUNTEERS**

Dear Parent/Legal Guardian:

Please be advised that during the year your child may have the opportunity to receive volunteer services, i.e., class presentations, volunteer readers, etc., **virtually** utilizing the VCS Volunteers in Public Schools (VIPS) Program volunteers. It is understood that the volunteers providing services have successfully registered and completed a background screening process pursuant to the VCS School Volunteer Program policies and procedures.

Student's Name

Student's Alpha ID Number

YES, the student listed above may receive virtual services from a VCS VIPS volunteer. I understand the visual and/or auditory presence of the teacher will always be maintained during these virtual sessions.

NO, the student listed above may not receive virtual services from a VCS VIPS volunteer.

Parent/Guardian Signature

Date

Email

Best Contact Number

Return this signed from to:

SCHOOL NAME: _____

SCHOOL CONTACT PERSON/TITLE: _____

EMAIL OF CONTACT PERSON: _____

SCHOOL TELEPHONE: _____