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| --- | --- |
| **Name:** | **Date of birth:** |
| **Phone number:** | **Address:** |

I hereby declare that I am instructed about:

* my supervisory duties related to the legal requirements on the Supervision of Schoolchildren in the currently valid version.
* my obligation to secrecy.   
  I know that I must maintain secrecy about all matters which I learn about pupils of the school in connection with my voluntary work. I am aware that I am not allowed to talk about what I have experienced with persons who are not in charge of the schooling or supervision of the pupils.
* the health requirements and my duties to cooperate under the Infection Protection Act.

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Date and signature of the volunteer

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Date and signature of the Executive Board