



# Auxiliary Custodian Volunteer Agreement

Use of Facilities

School Year: 20\_\_\_\_ - 20\_\_\_\_

Frederick County Public Schools  
191 South East Street  
Frederick, Maryland 21701

FCPS Form 100-05F  
[Regulation 100-05](#)  
January 2023

Clear Form

Community User Group Auxiliary Custodian  
Name of Community User Group Supporting:

FCPS Auxiliary Custodian

Frederick County Public Schools and \_\_\_\_\_ hereby agree  
(Volunteer's Name – please print)

as follows this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

1. When requested, the volunteer agrees to serve as the auxiliary custodian during the dates and times specified on a School Dude FSDirect schedule request form with regard to a particular after-hours or weekend event for a community user group.
2. The auxiliary custodian will perform all such duties as may be reasonably required by Frederick County Public Schools; and in the performance of such duties, the auxiliary custodian will obey Frederick County Public Schools regulations and instructions.
3. A community user group auxiliary custodian will not be paid for services; the sole consideration being the permitted use of the school facility by the community user group. An FCPS auxiliary custodian will be paid according to the current regulation.
4. The auxiliary custodian agrees to abide by the requirements listed in FCPS Regulation 100-05, Section D - "Responsibilities of an Auxiliary Custodian."
5. This Agreement may be terminated by FCPS at any time for failure to abide by the terms and conditions outlined in this regulation.
6. A community user group auxiliary custodian is responsible for contacting the Human Resources Division to schedule fingerprinting prior to assuming duties of the auxiliary custodian.
7. At the direction of the building principal, an auxiliary custodian may be required to submit documentation certifying the required work has been completed.
8. Frederick County Public Schools hereby accepts the volunteer auxiliary custodian upon the terms herein stated.

SCHOOL: \_\_\_\_\_

\_\_\_\_\_  
(Volunteer's Signature)

\_\_\_\_\_  
(Principal's Signature)

Auxiliary Custodian's Cell or Home Phone:	Auxiliary Custodian's Address (street/city/state/zip):  Email Address:
---	--

**(To be completed by the Building Principal)**

Access to building will be through \_\_\_\_\_ door.

Key card # \_\_\_\_\_ with access restricted to \_\_\_\_\_ during hours \_\_\_\_\_ to \_\_\_\_\_.

**NOTE:** Contact FCPS Supervisor of Security and Emergency Management (301-696-6808) to restrict swipe key access.