



VOLUNTEER APPLICATION

Thank you for your interest in volunteering in the Northshore School District.

The Volunteer Application and Volunteer Disclosure forms must be completed and turned in two weeks before volunteering can begin.

Please complete the forms and submit them with a copy of your driver's license or valid photo identification.

Parents, guardians or family members: please submit to the student's school office

Community members, higher education students and all others: please submit to Northshore School District, Attn: Partnerships & Volunteer Coordinator, 3330 Monte Villa Parkway, Bothell, A 98021

SECTION 1 (All Volunteers):

I am a: parent/guardian/family member alumni community member student

Full Legal Name (First, Middle, Last) _____

Address _____ City & Zip _____

Telephone _____ Email _____

For your background check, please provide the following information.

Maiden/ Aliases/ Previous Name(s) _____

Date of Birth _____ Sex _____ Race _____

How long have you lived in Washington State? (Years of current continuous residency) _____

Emergency Contact Information

In case of emergency, notify _____ Relationship _____

Telephone _____ Email _____

SECTION 2 (Parents/Guardians/Family Members ONLY):

Child/Children's School(s) _____

Child/Children's Names & Grades(s) _____

Please list any Northshore school where you currently volunteer _____

SECTION 3 (All Volunteers):

Please read the following and sign and date below.

Volunteers undergo a background check with the Washington State Patrol Access to Criminal History (WATCH). A written copy of the WATCH results will be provided to the volunteer upon request within ten (10) days of completing the report. Questions regarding the information contained in the report should be addressed to the Identification & Criminal History Section of the Washington State Patrol at 360.534.2000.

All information in this application is accurate to the best of my knowledge. I have received and read the Northshore School District Volunteer Handbook. I understand the information in the handbook and agree to comply with its guidelines. As a condition of volunteering for the Northshore School District, I accept and assume the risks of personal injury or property damage that may result from my volunteer experience, including but not limited to any activity while volunteering on school property. I hereby agree to waive any and all claims arising out of any such injury or damage. I also agree to respect the confidentiality of all information concerning students, staff or other participants with whom I work. I have signed the disclosure form.

Signature _____ Date _____

Please Print Name _____

SECTION 4 (All Volunteers):

Academic

- reading
- publishing
- writing
- math
- science
- technology
- art

Administration/Non-Academic

- office/library
- bulletin boards
- lunch/playground
- classroom support

Special Interests

- chaperone
- field trip driver
- athletics
- school/district events
- students with disabilities
- limited/non-English students
- Other _____

** Volunteers who drive on field trips must contact the school office, complete the "Authorization for Use of Private Automobile" form, and provide proof of insurance.

Languages spoken _____

Special skills _____

SECTION 5 (All Volunteers):

Please check when you are available to volunteer and the specific times.

- once a week once a month one time only _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Hours Available Per Day _____ Date you can begin _____ Do you have an end date for volunteering _____

Grade Level Preferences

Grade Level: Preschool Elementary School Middle School High School
 (please circle) P K 1 2 3 4 5 6 7 8 9 10 11 12

School where I prefer to volunteer _____ No Preference

SECTION 6 (All Volunteers):

You are also welcome to submit a resume, but please highlight relevant experience. If needed, please continue answers on a separate sheet of paper.

Current occupation and employer _____

Previous work with children: _____

Previous volunteer experience: _____

Education/Training: _____

Reason for volunteering: _____

SECTION 7 (Required for community members and higher education students):

If we need additional information, please provide references (non-relative) we can contact and their relationship to you.

Name _____

Telephone _____

Email _____

Relationship _____

Name _____

Telephone _____

Email _____

Relationship _____



Community Relations

Volunteer Disclosure Form

Washington State Law requires that all prospective school district volunteers who may have unsupervised access to children under sixteen years, developmentally disabled persons, or vulnerable adults complete and sign this disclosure statement. The law also provides that the District may request a background investigation through the Washington State Patrol.

Please answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes, either as an adult or a juvenile, against children or other persons as listed? Aggravated murder; first or second-degree murder; first or second-degree kidnapping; first, second, or third-degree assault; first, second, or third-degree assault of a child; first, second, or third-degree rape; first, second, or third-degree rape of a child; first or second-degree robbery; first-degree arson; first-degree burglary; first or second-degree manslaughter; first or second-degree extortion; indecent liberties; incest; vehicular homicide; first-degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second-degree criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second-degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third-degree child molestation; first or second-degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child-buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future?
Yes No If yes, explain charge /finding, date, court(s) _____
2. Have you been found in any dependency action under RCW 13.34.030 to have sexually abused or exploited any minor or to have physically abused any minor? Yes No If yes, explain charge /finding, date, court(s) _____
3. Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? Yes No If yes, explain charge /finding, date, court(s) _____
4. Have you ever been found in any disciplinary board decision, or by the director of the department of health in the following business or professions (chiropractic, dentistry, dental hygiene, massage, midwifery, naturopathy, osteopathy, physical therapy, physicians, practical or registered nursing, psychology, real estate broker, and salesperson) to have sexually abused any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?
Yes No If yes, explain charge /finding, date, court(s) _____
5. Have you ever been found by a court in any protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult? Yes No If yes, explain charge /finding, date, court(s) _____
6. Have you ever been convicted of any crimes relating to financial exploitation as defined in RCW 43.43.830 (7) as amended and listed as follows: first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed? Yes No If yes, explain the charge /finding, date, court(s) _____
7. Have you ever been convicted of any crime relating to drugs as defined in RCW 43.43.830 (6) and listed as follows: manufacture, deliver, or possession with intent to manufacture or deliver a controlled substance?
Yes No If yes, explain the charge /finding, date, court(s) _____

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

Signature _____ Date _____

Printed Name _____ Place (city) Where Signed _____

(An inquiry to the Washington State Patrol and/or state and federal law enforcement agency will be made for the selected applicant)