



**NOOKSACK VALLEY
SCHOOL DISTRICT
PIONEERING EXCELLENCE**

Dear Parents and Community Volunteers:

Thank you for volunteering your time to work at our schools! We appreciate our volunteers and recognize that each and every individual makes a valuable contribution to our schools. With your help, we are able to continue the tradition of “*Pioneering Excellence*” for the students in our district.

Attached is a volunteer application packet. Please complete the forms enclosed and return them to any of our school offices. This information will assist us in determining where your skills, training and experience may best be put to use in our schools.

Examples of some of the duties performed by volunteers may include:

- Bulletin boards
- Preparation of materials for art, science, and math classes
- Clerical duties including typing, stencils, inventories, putting booklets together, newsletters and related publications
- Library and audio visual duties
- Clean up activities
- Assistance with physical education exercises
- Instructional activities appropriate to the volunteer’s training and classroom needs such as listening to oral reading and others
- Vision and hearing testing and approved medical surveys
- School activities supervision and playground supervision with a staff member

It is our goal to promote a mutually beneficial volunteer/school partnership. Our school staff, Parent Teacher Associations, and Parent Volunteer Organization are continuing to work together to promote and organize our volunteer program and provide information and training for our volunteers. Thank you for completing your application packet and returning it to the school office.

We appreciate our volunteers! Thank you for your support and participation in our volunteer program! Your contribution will make a difference in the lives of our students.

Nooksack Valley School District Volunteer Background Check

Name: Legal Name Required	First (Please print legibly)	Middle (required)	Last
Date of Birth:			
Have you ever used another name ? (i.e. Nick name, maiden name, other last names) Please list below:			
Mailing Address:			Apt/Ste #
City		State	Zip
Home Phone:	Cell Phone		Message Phone
Email Address:			
Have you ever been convicted of a Crime?		Yes	No
Have you ever had findings made against you in any civil adjudicative proceeding?		Yes	No
Have you ever had both a conviction and findings made against you?		Yes	No
If you answered YES, to any of the above please give explanation below:			
Your signature below acknowledges you understand that Nooksack Valley School District will use the information provided herein to run a background check on this applicant for the Volunteer List			
<i>Background checks results will be made available to you with in 10 days of the report being run, consult our office for details.</i>			
Print Name _____			
Signature _____		Today's Date _____	

Nooksack Valley School District No. 506
P.O. Box 4307
Nooksack, WA 98276
Phone: (360) 988-4754 FAX: (360) 988-8983

VOLUNTEER APPLICATION

Name: _____
(Last) (First) (MI)

Present Address _____
(Street) (City) (State) (Zip)

Current Phone: _____ Message Phone: _____

Position(s) Volunteering for: _____

Building(s): _____

List any special training, experience, or skills you feel would enhance the school and students:

REFERENCES:

(References may be provided by teachers, principals, community members, etc.)

Name and Occupation	Street, City, State, Zip	Area Code/Phone Number	Relationship

I authorize the Nooksack Valley School District to conduct a background check through the Washington State Patrol for volunteer purposes. I further authorize any current or former employer, person, firm, or agency to provide Nooksack Valley School District with information they have regarding me. I hereby release and discharge Nooksack Valley School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that falsification of any part of this application shall be sufficient for terminating the volunteer position.

Applicant Signature: _____ **Date:** _____

NOOKSACK VALLEY SCHOOL DISTRICT NO. 506
P.O. BOX 4307
NOOKSACK, WA 98276

APPLICANT DISCLOSURE FORM
Pursuant to Chapter 43.43 RCW Revised, 1990

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 against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as follows: aggravated murder, first or second degree murder, first or second degree kidnapping; first, second or third degree assault; 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; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; 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; or any of these crimes as they may be renamed in the future?

ANSWER _____ IF YES, EXPLAIN BELOW.

2. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

ANSWER _____ IF YES, EXPLAIN BELOW.

3. Have you ever 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?

ANSWER _____ IF YES, EXPLAIN BELOW.

4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER _____ IF YES, EXPLAIN BELOW.

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. (SIGN IN PRESENCE OF AUTHORIZED SCHOOL DISTRICT PERSONNEL ONLY)

APPLICANT SIGNATURE _____

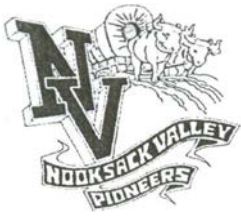
WITNESS SIGNATURE _____ **DATE** _____

**NOOKSACK VALLEY SCHOOL DISTRICT NO 506
PROJECT VOLUNTEER ASSUMPTION OF RISK**

As a private citizen, not an employee of the Nooksack Valley School District, I hereby acknowledge that I have read, understood and agreed to the following:

1. I acknowledge volunteering in the schools or on the school grounds may entail known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to my property, or to third parties.
2. I certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
3. I acknowledge that Nooksack Valley School District will make every attempt to insure my safety while participating in this volunteer project, but there are certain inherent risks involved that may _ be unavoidable resulting in bodily injury or property damage to me or others.
4. I further acknowledge that Nooksack Valley School District does not provide any accidental medical insurance coverage or volunteer workers compensation coverage for the activity and that I assume all risks of injury or damage to my person or property. I agree to be responsible for my own health and expense if I am injured or become ill on the job.
5. I agree to hold and save harmless the Nooksack Valley School District, its School Board, Employees, and Volunteers, and assigns for any claims, suites or damages, (including but not limited to defense) which might result from my volunteering.
6. I understand the Nooksack Valley School District makes no promises, guarantees, representations or warranties as to the safe condition, functionality or operability of any tools or equipment that I may use during this project.
7. I understand that the Nooksack Valley School District is not responsible for loss or damage to any equipment or personal property owned by me or others which I use during this project.

Signature	Date	Work Phone	Home Phone
Signature of Parent or Guardian if Volunteer is a minor (under age of 18)			



Nooksack Valley School District Student Privacy Statement and Volunteer Confidentiality Agreement

Students in the Nooksack Valley School District have the right to expect that information about them will be kept confidential by all volunteers. Additionally, the U.S. congress has addressed the privacy-related concerns of educators, parents, and students by enacting the Family Educational Rights and Privacy Act (known more commonly as "FERPA" or the "Buckley Amendment"). Among other provisions, FERPA allows the government to withdraw federal funds from any educational institution, including the Nooksack Valley School District, which disseminates a student's education records without his or her parent's consent.

- Each student with whom you work has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized school department employees, as designated by the administrators at your school. Even when discussing a student with those who are directly involved in a student's education, such as a teacher, principal, or guidance counselor, you may not share otherwise confidential information with them unless it is relevant to the student's educational growth, safety, or well being.
- You may not share information about a student even with others who are genuinely interested in the student's welfare, such as social workers, scout leaders, clergy, or nurses/physicians (a grave medical emergency, in which confidential information may be necessary for a student's care, is the only exception). Thus, you must refer all such questions to the school employees so authorized and indicated to you, typically the student's teacher or principal.
- Parents, friends, or community members may in good faith ask you questions about a student's problems or progress. Again, you must refer all such questions to the authorized school employees. You may not share information about a student even with members of you own family or the student's family.
- Before you speak, always remember that violating a student's confidentiality isn't just impolite, it's against the law!

Agreement:

I, (print name), _____ as a volunteer for Nooksack Valley School District agree never to disclose information about a student's records to anyone other than an authorized school department employee. I will refer all requests for such information from those not directly involved in the student's education to authorized school department employees.

Signature

Date