

Lake Washington School District

Volunteer Application Instructions

Thank you for your willingness to volunteer in Lake Washington School District. To ensure the safety of our students and staff, you **MUST** complete this application packet and be **APPROVED** by the Communications Office **BEFORE** you can begin your volunteer assignment.

Here is some information on how to complete the volunteer application packet:

1. Read the Volunteer Handbook thoroughly. The Volunteer Handbook (http://www.lwsd.org/uploaded/Website/About_Us/Forms_Library/Volunteering/Volunteer-Handbook.pdf) is available in the school office or on the district website.

2. Volunteer Application

- 1. Page one provides basic information about you and your volunteer interests. If you are a K-12 student, please fill out a Student Volunteer Application.*
- 2. Pages two and three provide information about any past or current criminal or civil offenses. It also gives permission for the district to conduct the background check through the Washington State Patrol.*
 - Please answer each question completely and truthfully. Add an extra sheet of paper if necessary.
 - Remember to sign and date at the bottom of the page to indicate that all the information on your form is accurate and that you have read, understood, and agreed to the guidelines included in the handbook.

3. Review Your Forms

Double-check to make sure you have filled out each form completely and that you have signed and dated all forms in the packet.

4. Provide a Copy of Driver's License

Attach one copy of your current driver's license, or other photo identification that includes your legal name and date of birth. This helps to verify identity during the background check.

Thank you for your interest in volunteering in Lake Washington schools!

Please return all completed forms to the school in which you would like to volunteer, or email to volunteers@lwsd.org, or mail to: Volunteer Office, Lake Washington School District, P.O. Box 97039, Redmond, WA 98073. Please attach one copy of your driver's license or other valid photo ID. If you have any questions, contact the Volunteer Supervisor at 425-936-1270.

Lake Washington School District

Volunteer Application

Today's Date ____/____/____

Office Use Only

Approved Denied Restricted

Signature _____

Date _____

Application Information

I am a: Parent/Guardian Relative Community member

This is a: New application Renewal

If you are a K-12 student- please fill out
Student Volunteer Application

Check here if you are or would like to be a LINKS Lunch Buddy volunteer (LINKS: Looking Into the Needs of Kids and Schools - volunteers are matched one-on-one with elementary students for lunch, games, crafts and conversation. For more information go to: <http://www.lwsd.org/LINKS>).

Personal Information

Male Female

Full legal name _____
First Middle Last

Maiden name(s)/Nicknames/Aliases _____

Date of Birth ____/____/____ Birthplace (state OR country if outside U.S.) _____

Address _____ City _____ ST _____ ZIP _____

Email _____ Phone # _____

Languages spoken (besides English) _____

Employer _____

Name of child(ren)/student(s) _____

Emergency Contact Information

Name _____ Phone # _____

Volunteer Interests and Activities

School(s) where I wish to volunteer _____

I plan to volunteer: Regularly Once in a while

Volunteer activities (ex: Field trip chaperone, math help, tutoring, job shadow, one time presentation, etc.)

If you marked the "community member" box above, do you have an existing connection with the school(s) identified above? Yes No If yes, what is the connection?

Do you require any accommodations? Yes No If yes, what is the accommodation?

Do you have a particular skill set you would like to share with our students? Yes No If yes, what is the skill set and at what grade level would you like to share it?

Please attach one copy of the front of your driver's license or other valid photo ID.

Please return all completed forms to the school in which you would like to volunteer, or email to volunteers@lwsd.org, or mail to: Volunteer Office, Lake Washington School District, P.O. Box 97039, Redmond, WA 98073.

Volunteer Application – Disclosure Form

Please answer the following questions honestly and completely and sign the declaration on the following page. Attach a separate sheet if additional space is needed.

The Washington State Legislature has helped us to assure security for students by allowing background checks on all people who work with students in schools. Lake Washington School District supports this requirement, thus all volunteers must complete this form and undergo a Washington State Patrol Criminal Background Check.

Any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as a volunteer. Lake Washington School District reserves the right to reject any applicant for any legitimate, nondiscriminatory reason. Decisions about volunteer approval status are made on a case by case basis. **NOTE:** Criminal convictions DO NOT necessarily restrict you from volunteering.

- 1) Have you ever been convicted of a crime? You must include any and all past or current criminal convictions.

No Yes

If “yes,” please identify the crime(s), provide the date(s) of the conviction(s), the name of the court(s), (e.g., King County Superior Court) and the sentence(s) imposed.

- 2) Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation of a child in any legal proceeding? These proceedings include judicial or administrative proceedings as well as findings by Department of Social and Health Services (DSHS) or the Department of Health that you have not challenged or appealed.

No Yes

If “yes”, please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty(ies) imposed.

- 3) Do you currently have any criminal charges pending against you? Are you presently under investigation for possible criminal charges?

No Yes

If “yes,” please provide pertinent details to enable Lake Washington School District to evaluate, including the charge(s), date(s), jurisdiction(s) and status.

4) Other than any matter listed on the previous page (page 2 of 3), are there any facts or circumstances involving you and your background that would call into question the district entrusting you with the supervision, guidance and care of its students?

No Yes

If "yes," please explain.

Disclosure Statement:

I hereby authorize and consent to Lake Washington School District, its agents and employees, to inquire into and undertake whatever background check of me that Lake Washington School District, in its sole discretion, deems appropriate to determine my fitness to serve as a volunteer. I understand the inquiry may include computer database searches, criminal history checks (including a Washington State Patrol Request for Criminal History Information Child/Adult Abuse Information Act RCW 43.43.830 through 43.43.845 – WATCH report), interviews with people acquainted with me, employers or references. I understand the information will be kept confidential to the extent permitted by law, but that Lake Washington School District, as a public entity, is subject to the State Public Records Act, RCW 42.56 et seq and the exemptions provided there under, as amended. Names of approved volunteers may be released to Lake Washington School District PTAs, upon request, for the purpose of recruiting volunteers or verifying approval status for school activities. I release and hold harmless Lake Washington School District, its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that if Lake Washington School District determines, in its sole discretion, that I have provided false or incomplete information in response to the above questions, or the District decides, with or without cause, not to approve or retain me as a volunteer for whatever reason, Lake Washington School District may, without notice or other process, reject my application to serve as a volunteer, or revoke my privilege to serve as a volunteer.

Pursuant to RCW 9A.72.085, I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

All information in this application is accurate to the best of my knowledge. I have received and thoroughly read the Lake Washington School District Volunteer Handbook. I understand the information in the handbook and I agree to comply with the guidelines set forth in the handbook. As a condition of being permitted to volunteer for Lake Washington School District, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from my volunteer activities. I hereby agree to waive any and all claims arising out of any such injury or damage.

If you type your name on the signature line, you are signing this application electronically and agree that your electronic signature is the legal equivalent of your manual signature on your application. You further agree that no certification authority or other third party verification is necessary to validate your electronic signature. **If you are a K-12 student, please fill out Student Volunteer Form. If you are not a student and under 18, please have parent/guardian sign below.**

Date ____/____/____

Applicant Signature _____

Printed Name _____

City and State Where Signed _____

Please return all completed forms to the school in which you would like to volunteer, or email to volunteers@lwsd.org, or mail to: Volunteer Office, Lake Washington School District, P.O. Box 97039, Redmond, WA 98073. Please attach one copy of your driver's license or other valid photo ID.