

What C.H.A.M.P.S. Need to Know

Community Helpers Achieving Much in our Public Schools

To help things run smoothly and safely, all volunteers must:

- Find out all the important details about your volunteer job.
- Sign in and out at the school office and write down your hours every time you volunteer.
- Wear your name tag each time you volunteer.

Schools are zones free of:

- Drugs, alcohol (including alcohol influence) and weapons.
- Violence (including corporal punishment)
- Any volunteer violating these rules will be excluded from the program.

Volunteer rights/What you can expect:

- Courteous treatment, a suitable assignment, appropriate information & instructions.
- Recognition for service.

Volunteer responsibilities:

- Each school volunteer must be provided a copy of [Procedure 5253](#) and maintain appropriate staff/student boundaries.
- Keep quiet about confidential information seen or heard at school.
- Show up ready to volunteer as scheduled.
- Call the school if something unexpected interferes with volunteering.
- If violence or disciplinary issues arise do not get involved - notify school personnel immediately.
- Volunteers must refrain from taking photos of students or using social media.
- Do not share personal contact information or contact students outside of school.
- Do not feed students food brought from home.
- Volunteers will be supervised at all times.
- Provide a caring, respectful role model; maintaining proper adult-child relationship.
- Cooperate with the school staff.
- Respect schools as drug-, alcohol-, violence-, and weapons-free zones.

Three simple steps to help prevent the spread of diseases:

- Wash your hands carefully, thoroughly, and often.
- Refrain from coming in contact with another person's body fluids.
- Have students clean and treat their own conditions involving blood, feces, urine, vomit, saliva, mucus.
- Always consult with school staff of any illness or injury as well as report any exposure to body fluids.

C.H.A.M.P.S. are important partners:

- Students receive more individual attention.
- Students have more good examples of caring and citizenship.
- Parents learn more about the schools and their child's education.
- Parents can spend more time with their children.
- Teachers can help more students.
- Teachers learn more about parents and their interests.
- Community members learn more about young people and schools today.
- Community members help invest in the community's future.

The Longview School District is an equal opportunity employer and is in compliance with state and federal anti-discrimination regulations and other requirements. We care about the dignity of all individuals and assume the responsibility for providing an environment that is free from all types of discrimination and sexual harassment.

Sexual harassment is defined as verbal, visual, or physical advances at work (or volunteer setting) and unwelcome by the person for whom they are intended. An informal and formal complaint process exists for employees and volunteers and can be outlined by the principal at your school or by the office of communications and volunteers.

Interactions and relationships between staff members and students should be based upon mutual respect and trust, and an understanding of the appropriate boundaries between adults and students in and outside of school. Volunteers should also maintain appropriate boundaries and should discuss any concerns about adult-child interactions with the building principal or the office of communications and volunteers.

C.H.A.M.P.S. REGISTRATION FORM
Community Helpers Achieving Much in our Public Schools
LONGVIEW PUBLIC SCHOOLS VOLUNTEERS
2715 Lilac, Longview, WA 98632 • (360) 575-7019 • longviewschools.com

Your interest in serving our schools is appreciated; we also appreciate you taking a few moments to fill out this and other required forms to help maintain student safety.

Please print and sign in ink on all 3 pages

Please list the school in which you prefer to volunteer _____

Indicate which area interests you as a volunteer:

Field Trip _____ Special Event _____ Classroom _____ Other (specify) _____

Would you like to be contacted for volunteer opportunities? Yes No

Name _____ Telephone (Home) _____

Address _____ Work or Cell _____

City _____ Zip _____ Email address _____

Birth Date (Mo, Day, Yr.) _____ Do you have children in the Longview School District?

Yes No If yes, their names _____

Name of person to be contacted in the event of an emergency _____

Daytime Telephone _____ Relationship to you _____

Please give names, addresses, and telephone numbers of two people not related to you who would be supportive of your working with children.

Name	Address	Telephone Number
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1. _____

2. _____

I certify that I have read and understand "What C.H.A.M.P.S. Need to Know" on the reverse side of this form. I give permission for the Longview School District to contact the above-named references. I certify that the information I have provided on this registration form is correct to the best of my knowledge. For the security of students and volunteers, identification badges must be left at the school. Sign in and out at the school office and write down your hours every time you volunteer. *I understand that I am serving on a voluntary basis and assume the risks of personal injury or property damage that may result from my volunteer activities. I hereby agree to hold harmless and indemnify the Longview School district from any and all claims, costs, or expenses regardless of fault.*

Signature _____ Date _____

License verified by _____ Date _____

LONGVIEW SCHOOL DISTRICT NO. 122
APPLICANT DISCLOSURE FORM PURSUANT TO RCW 43.43.830 THROUGH RCW
43.43.840

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 been convicted of any crimes against persons as defined in RCW 43.43.830 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 statutory rape; 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; first or second degree rape of a child; 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?

Yes ___ No ___ if yes, explain _____

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

Yes ___ No ___ if yes, explain _____

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 _____

4. Have you been found in any final decision by the director of the department of licensing or a disciplinary board in the following businesses or professions to have sexually abused or exploited any minor or to have physically abused any minor: chiropractic; dentistry; dental hygiene; drugless healing; massage; midwifery; osteopathy; physical therapy; physicians; practical nursing; registered nursing; psychology; and real estate brokers and salespeople?

Yes ___ No ___ if yes, explain _____

5. Have you been, in the last seven years, released from prison or convicted of any offense that involved drugs, embezzlement or fraud?

Yes ___ No ___ if yes, explain _____


NOTICE: An inquiry may be made to the Washington State Patrol or a federal law enforcement agency to determine whether you have been (a) convicted of any offense against persons, as described above; (b) 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; © found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor; or (d) found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor. A copy of any response received from the Washington State Patrol or a federal law enforcement agency pursuant to such inquiry will be made available to you.

SIGNATURE RELEASE

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. I authorize the Longview School District to inquire with former employers or references and obtain any and all information regarding my job related background. I release and waive the Longview School District, my former employers, and all references from any and all liability in obtaining or disclosing such information. I agree that if I have provided false or incomplete statements, the district may, at its sole discretion, without notice or due process procedures, terminate my employment contract. If such action is taken by the district, the contract shall be deemed void from its inception.

Applicant Signature _____ Date _____

Request for Criminal History Information
Child/Adult Abuse Information Act
RCW 43.43.830 through 43.43.845

<p>A. Requesting Agency Address</p> <p align="center">Longview School District Rick Parrish 2715 Lilac St Longview, WA 98632</p>	<p>B. Purpose</p> <p align="right">Check Appropriate Box</p> <p><input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer- no fee</p> <p><input type="checkbox"/> Non-Profit Business/ Organization-no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization-\$35</p> <p><input type="checkbox"/> Adoptive parent-\$35</p>
<p>I certify this request is made pursuant to and for the purpose indicated.</p> <p align="center">  July 2, 2018 </p> <hr/> <p align="center">Authorized Signature Date</p> <p align="center">Communications Coordinator 360-575-7019</p> <hr/> <p align="center">Title Area Code/Phone Number</p>	

C. Applicant of Inquiry (Please provide as much information as possible: name and date of birth are mandatory).

Applicant Name: _____

Last First Middle

Other Name: (Maiden, alias) _____

Date of Birth: _____ Sex: _____ Race: _____

Month/Day/Year

Driver's License: Number/State _____ / _____

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845

D. Longview School District
Requesting Agency

Office Use Only

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

Applicant Right Thumb Print
(Optional)