



206-631-7200

TYPE ONE VOLUNTEER FORM

Type One volunteers are the parent(s) and/or legal guardian(s) of one or more students in this school. Type One volunteers are not permitted to be alone with a student other than their own. **This form may not be used for Type Two volunteers or Volunteer Coaches.**

To be completed by volunteer:

Name: _____
Last Name First Name Middle Name

Birth Date: _____ List birth name/other names used: _____

Address: _____
Street - Apt # City/State ZIP Code

Phone No.: _____
Primary Secondary Cell

Email Address(s): _____
Home Email Address Work Email Address Other

Emergency Contact: _____ Relationship: _____ Phone No.: _____

I am the parent/guardian of the following children in this school:

Child's Full Name Teacher Name/Grade Child's Full Name Teacher Name/Grade

I am interested in volunteering in the following area(s):

Field Trip Chaperone Presentation Panelist Classroom Helper Reading Tutor Math Tutor Library Helper Other (please be specific):

Date Volunteering will start: _____ Date Volunteering will end: _____
(not to exceed two school years)

For the purposes of student safety, I understand that Highline Public Schools has the authority to perform a background check on selected applicants, including those who have a criminal history. I also understand that providing false or incomplete statements on this application may result in Highline Public Schools terminating my volunteer status immediately. Highline Public Schools reserves the right to terminate or revoke a volunteer's status at any time.

- Yes No Have you been convicted of any crime? **This includes crimes against a minor, a developmentally disabled person or a vulnerable adult, or crimes involving driving.**
- Yes No Are you currently under investigation for any crime or are there any outstanding criminal charges and/or warrants pending against you?

If the answers to any of these questions are “Yes” this form and a copy of your Washington State driver’s license or ID and/or US passport will be sent to the district’s Human Resources department for completion of a background check.

As a Type One volunteer I agree that I will not be alone with a student other than my own child(ren). I agree to sign in at the office when I arrive and leave school, and I will comply with all school rules and instructions of Highline Public Schools staff. I have read School Board Policy 5253 ‘Maintaining Professional Staff/Student Boundaries’ (below) and will comply with that policy. I agree that failure to follow these rules may result in losing the ability to volunteer in this school or other schools. I agree that if any of the information in this application changes I will notify my school principal who will notify the district’s human resources department.

Signature of Volunteer

Date

For Office Use Only:

Results of background check from HR (if necessary): _____.

I acknowledge that _____ (name of volunteer) will be volunteering in this school.

Date

Signature of principal/designee

Attach copy of Washington State driver’s license or ID and/or US passport (if necessary)

School Board Policy 5253 “Maintaining Professional Staff/Student Boundaries”

The purpose of this policy is to provide all staff, students, volunteers and community members with information to increase their awareness of their role in protecting children from inappropriate conduct by adults.

The board expects all staff members to maintain the highest professional, moral and ethical standards in their interaction with students. Staff members are required to maintain an atmosphere conducive to learning, through consistently and fairly applied discipline and established and maintained professional boundaries.

The interactions and relationships between staff members and students should be based upon mutual respect and trust, an understanding of the appropriate boundaries between adults and students in and outside of the educational setting, and consistency with the educational mission of the schools.

Staff members will not intrude on a student’s physical and emotional boundaries unless the intrusion is necessary to serve an educational or physical, mental and/or emotional health purpose. An educational purpose is one that relates to the staff member’s duties in the district. Additionally, staff members are expected to be sensitive to the appearance of impropriety in their own conduct and the conduct of other staff when interacting with students. Staff members will discuss issues with their building administrator or supervisor whenever they suspect or are unsure whether conduct is inappropriate or constitutes a violation of this policy.

The board supports the use of technology to communicate for educational purposes. However, district employees are prohibited from inappropriate online socializing or from engaging in any conduct on social networking Web sites that violates the law, district policies or other generally recognized professional standards. Employees whose conduct violates this policy may face discipline and/or termination, consistent with the district’s policies, acceptable use agreement and collective bargaining agreements, as applicable.