



**IERINGER SCHOOL DISTRICT No. 343**

**2021-2022 VOLUNTEER APPLICATION**

**NOTE:** A new volunteer application is required every year and proof of COVID-19 Vaccination is now required. Thank you for wanting to volunteer your time and to help keep our students safe and records accurate.

Please **PRINT** clearly and fill out the form completely.

**Volunteer Personal Information**

Name (Last, First, Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alias/Maiden Name/Other Names Used: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

ID Verified (Driver License or other ID with name and birth date): Initials of school representative: \_\_\_\_\_

Your emergency contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Phone: \_\_\_\_\_

Volunteer Category (Check One):  Parent  Relative  Guardian  Community Member

Do you have children in the Dieringer School District?  Yes  No

If YES, please list ALL children who are enrolled in the Dieringer School District:

Student Name(s) and School(s):

\_\_\_\_\_  
\_\_\_\_\_

The undersigned desires to participate as a volunteer for Dieringer School District #343.

I ACKNOWLEDGE the District will make every attempt to ensure my safety while participating in this volunteer event/activity, but there are certain inherent risks involved that may be unavoidable resulting in bodily injury or property damage to myself or others.

I further acknowledge the District does not provide any accidental medical insurance coverage for the activity and that I assume all risks of injury or damage to my person or property. I agree to hold and save harmless the Dieringer School District #343, its School Board and Employees, and assigns for any claims, suits, or damages, (including but not limited to defense and indemnification) which might result from my participating in the above-described event/activity. (ESD Policy 5630/Policy 5005)

Signature: \_\_\_\_\_

Volunteer

Date: \_\_\_\_\_

Please return your completed forms to the school office.



**DIERINGER SCHOOL DISTRICT No. 343**

**Washington State Patrol Check and Declaration**

In accordance with RCW 43.43.830, applicants and prospective volunteers are required to complete this disclosure form. Dieringer School District conducts routine Washington State Patrol background checks on all volunteers. For the safety of our children, all volunteers must complete this form and be cleared through the Washington State Patrol Criminal History (WATCH) program. By signing this application, you are granting the district permission to conduct the background check. If you do not sign below, we cannot process your request and you will not be able to volunteer. WSP results are available upon request.

1. Have you ever been convicted of ANY crime?(Convicted includes ALL instances in which a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, or stipulation to the facts is the basis of conviction and/or all proceedings in which prosecution has been deferred or a sentence has been suspended or deferred.)  Yes  No
2. Have you ever been convicted of a crime relating to DUI or drugs?  Yes  No
3. Have you ever been convicted of a crime relating to abuse, neglect, sexual abuse, exploitation, or physical abuse?  Yes  No
4. Have you ever been convicted of a crime relating to financial exploitation, including extortion, theft, robbery, or forgery?  Yes  No
5. Do you currently have any outstanding criminal charges or warrants against you in WA or in any other state or country?  Yes  No
6. Have you ever been convicted of domestic violence or assault?  Yes  No
7. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding? (A civil adjudicative proceeding includes a judicial or administrative proceeding as well as findings by the Department of Social and Health Services or the Department of Health that you have not administratively challenged or appealed.)

\*REQUIRED INFORMATION FOR WSP BACKGROUND CHECK:  Female  Male Race: \_\_\_\_\_

\_\_\_\_\_  
Print Full Name (first, middle & last)  
Date

\_\_\_\_\_  
Signature

Please return your completed forms to the school office.



## **COVID-19 (SARS-coV-2) Vaccine Verification Form**

Per the Governor's order, all Dieringer School District employees, substitutes, coaches, volunteers and contractors are required to be fully vaccinated against COVID-19 or submit a medical or religious exemption by October 18, 2021. Staff must inform the District of their COVID-19 vaccination status as well as provide evidence of COVID-19 vaccination, if applicable.

The details contained vaccination evidence, e.g., date of birth, type of vaccine received, etc. - will be treated confidentially by Human Resources. If necessary, the fact that a person is fully vaccinated will be shared with others, such as the Department of Health and WIAA (athletics), on a need-to-know basis.

Thank you in advance for completing this form.

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Primary Worksite/School

\_\_\_\_\_  
Position

1. I am fully vaccinated against COVID-19.

A person is considered fully vaccinated if it has been two weeks since their final dose of a two-dose series vaccine (Pfizer or Moderna) or two weeks since receiving a one-dose vaccine (J&J/Janssen).

\_\_\_\_ Yes

\_\_\_\_ No

2. A. Dose 1 Date: \_\_\_\_\_

B. Dose 2 Date: \_\_\_\_\_

3. Verification Documentation

*Acceptable documentation for verifying vaccination status:*

- Vaccine card or photo of vaccine card
- Documentation from a health care provider
- State immunization information system printout
- Lifetime immunization record booklet
- Verified electronic medical record printout from a medical provider

**Attestation:** I attest the information provided within this form is accurate and truthful.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## **Volunteer Guidelines**

Thank you for your interest in volunteering in the Dieringer School District. This information is provided for your safety, as well as for the protection of the children with whom you will be working. Please review it carefully and ask any questions that may arise. We want the time you spend volunteering to be a positive experience for all.

### **CHECK IN/OUT**

All visitors and volunteers are required to sign in and out at the main office in the schools. The school office will provide you with a badge to be worn while on campus.

### **COMMUNICATION**

You are a role model. Your conversations with students and staff should demonstrate respect for others and avoid language that may be perceived as discriminatory, profane, sexist, or offensive. No student or staff person should ever be treated differently, spoken to disrespectfully or denied services on the basis of sex, race, religion, disability, age, creed, color, national origin, sexual orientation, or marital status. In addition, school personnel or volunteers cannot encourage or promote religious beliefs by class activities, comments, or invitations to their place of worship.

### **RELATIONSHIPS**

For the protection of all, the relationship between you and all students with whom volunteer must be always kept appropriate. Continuing your volunteer relationship through out-of-school contact, such as phone calls, home visits, invitations to your home, social events, office, vehicle, social media connections, or activities is not permitted. This prohibition, of course, would not restrict out-of-school contact with students who are family friends or known to you through other community contacts.

### **STUDENT DISCIPLINE**

Please refer any unexpected student behavior to the teacher or office staff. Any discipline of a student should be left up to a staff member. Physical punishment is never permitted.

### **CONFIDENTIALITY AGREEMENT**

By spending time in the schools as a volunteer/visitor, you may see and hear things about students' work and behavior that need to remain confidential. Students have the right to expect that information about them will be kept confidential by all volunteers/visitors. 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 ("FERPA"). Volunteers/visitors must not repeat anything that happens to or about a student to anyone other than authorized school personnel, as designated by the administrators of the school at which they are volunteering/visiting. Confidential information may not be discussed in any form, including any type of social media.

My signature below shows I agree to follow the above volunteer guidelines.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date