

Issaquah School District

Student Volunteer Application

(For use by students in grades K-12 only)

Today's Date ___/___/___

To Be Completed by Student

Male Female Date of Birth ___/___/___

Full name _____ first middle last

Address _____ City _____ State _____ ZIP _____

E-mail _____ Phone # _____

Current School _____

Parent/Guardian Name _____ Phone # _____

School(s) where I wish to volunteer _____

(Please note: If you plan to volunteer only at your own school, you do not need to complete this form).

Volunteer activities (ex: mentoring, reading help, math help, tutoring, VOICE, etc.)

All information in this application is accurate to the best of my knowledge. I know that students and schools depend on volunteers to be responsible and act appropriately. I will arrive at the designated day and time and will fulfill my volunteer assignment in a responsible manner. I agree to follow the instructions of teachers or supervisors and know that my volunteer privileges can be taken away if my behavior does not meet district standards. I understand that names of approved volunteers may be released to ISD PTSAs, upon request, for the purpose of recruiting volunteers or verifying approval status for school activities.

Manual signatures are required for this form.

Applicant signature _____ Date _____

To Be Completed by Parent/Guardian of Student

I give my permission for this student to volunteer in Issaquah School District.

Parent/guardian signature (if applicant is under 18) _____

Date _____

To Be Completed by Principal or Counselor at Current School that the Student Attends

I would recommend this student as a volunteer.

Signature of Principal or Counselor _____

Printed Name _____ Date _____

Please return completed form to the school office where you will be volunteering or the VOICE Office.



Student Volunteer Release/Hold Harmless Agreement

Volunteer Name _____

Volunteer Cell Number _____

Name of High School Currently Attending _____

Current School Year _____ (example: 2016-2017)

The undersigned desires to participate as a volunteer for events and/or activities during the time period named above. I ACKNOWLEDGE the Issaquah School District will make reasonable attempts to assure my safety while participating in the volunteer event/activity, but there are certain inherent risks involved that may be unavoidable resulting in bodily injury or property damage to myself.

I further acknowledge the Issaquah School 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 forever hold and save harmless the Issaquah School District, its School Board Directors 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.

I (and Guardian) also understand that Issaquah School District does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

[] Pursuant to the WASHINGTON ELECTRONIC AUTHENTICATION ACT, an electronic signature has the same legal effect as a manual or handwritten signature. An electronic signature will not be denied legal effect or enforceability solely because it is electronic, and any requirement for a signature is satisfied by an electronic signature. By submitting an electronic signature, the individual identified and providing the electronic signature herein verifies acknowledgement of the binding legal effect and enforceability of the electronic signature. By clicking the box beside "I agree", you agree that this is valid as your signature. You hereby swear that you are the parent or legal guardian of the above named student and that the information is accurate to the best of your knowledge.

Signed _____ Date _____
(If under 18 years of age, parent's signature is required below)

Signature of Parent/Guardian _____ Date _____
(If applicable)

Student Volunteer Checklist/Agreement

The District recognizes the valuable contribution made to the total school program through the volunteer assistance of students. We thank you for your assistance and support. To safeguard students and student records it is necessary that all student volunteers be screened and trained regarding their involvement with students and school activities. We thank you for your understanding of the need for these safeguards. Please read and check each of the statements below.

____ Complete Voice Mentor Application (Form 5630S1)

____ Complete Student Volunteer Release/Hold Harmless Agreement (Form 5630S2)

Your signature below indicates your agreement to abide by all of the following expectations and that you have completed the above forms prior to providing volunteer services.

Role and Expectations

____ Volunteers serve as helpers. I understand that all volunteer activities are to be conducted under the supervision of district staff, and that all instructional service is to be rendered under the control and supervision of certificated staff.

____ Staff members will determine and notify volunteers if any specific training or direction is required before assisting with an activity. I will confirm assigned responsibilities and expectations with the supervising staff member before beginning any activity.

____ Student problems which arise, whether of an instructional, medical, behavioral or operational nature shall be referred to a regular staff member for final resolution.

____ I will follow the building’s procedures for signing in and out each and every time I volunteer at the school.

____ I will wear an identification badge/tag/pin as required by the school.

____ I understand that I am required to follow all District Regulations and procedures. I understand that failure to follow them, or any part of this Agreement, may result in my volunteer status being revoked and could in some cases subject me to legal liability.

____ I understand that I cannot proselytize, invite students to events, or ask for students’ contact information.

Use of District Technology

____ I will not use computer systems, logins, or accounts that have been assigned to someone else. If authorized to use a district computer I will sign and abide by the district Responsible Use Guidelines.

Confidentiality

____ I understand that volunteers shall not discuss the performance, actions, or any other information about any student except with the student’s teacher, school counselor or principal. This is not only district policy but is also mandated by federal statute, The Family Educational Rights and Privacy Act, 34 CFR Part 99. I understand that confidentiality pertains to both written records and verbal statements.

Name of Volunteer – Please Print

Signature of Volunteer

Date