



# **VOLUNTEER & CONTRACTED SERVICES COVID**

## **SAFETY & VACCINATION ATTESTATION**

- ✓ I will screen for COVID symptoms prior to entry of events.
- ✓ I will adhere to the Woodburn School District's mask guidance.
- ✓ I will practice good hand and mouth hygiene while on campus.
- ✓ I will immediately notify the school district contact and/or site admin if I become symptomatic or receive a positive COVID test.
- ✓ I will follow all school procedures and policies, including COVID specific safety measures.
- ✓ All volunteers or individuals who are accessing classrooms or schools during school hours or at school functions will be accompanied by a WSD employee at all time. (Contracted services do not apply.)
- ✓ All volunteers, workers, contracted services (i.e. officials, security, etc.) and any individuals responsible for supervision, coordination, or support of an event, will provide proof of vaccination or an approved exception request from the Department of Human Resources, found [here](#).
- ✓ Parents/Guardians please submit the completed form to the your students school.
- ✓ District Wide Volunteers please submit your complete packet & forms [wsdvolunteers@woodburnsd.org](mailto:wsdvolunteers@woodburnsd.org) or drop off at 1390 Meridian Dr., Woodburn, OR 97071

\*Proof of vaccination means documentation provided by a tribal, federal, state or local government, or a health care provider, that includes an individual's name, date of birth, type of COVID-19 vaccination given, date or dates given. Proof must also include whether it is a one-dose or two-dose vaccine, and the name/location of the health care provider or site where the vaccine was administered. Documentation may include, but is not limited to, a copy of your COVID-19 vaccination record, a digital picture of the vaccination record card, or a printout from the Oregon Health Authority's immunization registry.

By signing below, I am agreeing to the above mentioned requirements. I also understand that it is the responsibility of the sponsoring group to maintain all records mentioned above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Revised March 15, 2022



# Woodburn School District Volunteer Program

DIVERSE IN CULTURE; UNIFIED IN MISSION

**Volunteer applications need to be resubmitted every three years.**

I would like to volunteer at:

\_\_\_\_\_ School Name

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

## Emergency

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## CHILDREN'S NAME

First

Last

Grade

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

**I would like to help in the following areas and on the following days and times. Please place and (X) by all that apply.**

Weigh & Measure (all students)  
Picture Day  
Hearing/Vision Screening  
Library  
Small Group Tutorial  
Other:  
\_\_\_\_\_

Classroom  
Field Trips (Chaperone)  
Book Fair  
Field Day  
After School Club

Monday  
Tuesday  
Wednesday  
Thursday  
Friday

| AM | PM |

Please indicate your interests if not listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Woodburn School District is grateful for your interest in volunteering and appreciates your participation.**

## For Official Use Only

I, \_\_\_\_\_ state that \_\_\_\_\_  
Administrator's Name Volunteer Name

is allowed to volunteer at \_\_\_\_\_  
Name of School

upon successful completion of the Woodburn School District background check process.

The above mentioned volunteer **will be under the constant and direct supervision** of a Woodburn School District employee at all times and **will never work in isolation with students**. By signing below, I understand that failure to follow this protocol may lead to disciplinary action, up to and including termination.

Administrator's Signature \_\_\_\_\_

Date \_\_\_\_\_

Revised 10-2020



# Woodburn School District Volunteer Program

## REGULATIONS FOR VOLUNTEERS

1. A completed "Volunteer Data Sheet" must be on file before working with students.
2. A volunteer must sign in and out of the building and wear a volunteer name tag.
3. No physical or verbal "chastisement" is used to discipline students. Refer such matters to staff.
4. Do not leave the students(s) unattended, especially in the event of an emergency. Use the room communication system to call for help or send a student to the office. Volunteer should not be left alone with students.
5. During an emergency drill, exit the building with student(s).
6. A volunteer should not handle bodily fluids. If a student is bleeding or vomiting, call for staff help.
7. A volunteer maintains a cheerful, professional attitude and respects confidentiality.
8. A volunteer is reliable and notifies the staff person as soon as he/she knows that he/she will not be able to attend on time.
9. A volunteer must display appropriate behavior which pertains to dress, smoking, profanity, discipline and the promotion of personal religious doctrine.
10. Difficulties can be learning opportunities. If an uncomfortable situation arises, a volunteer should contact his/her staff person, administrator or volunteer coordinator.
11. Follow rules and expectations of district staff providing direct supervision.
12. A volunteer will never work in isolation with a student.
13. Any electronic communications with students by a volunteer, for the district, will be appropriate and only when directed by district administration. When communicating with students electronically regarding school-related matters, volunteers shall use district e-mail, using mailing lists and/or other internet messaging, to a group of student rather than individual students or as directed by district administration. Texting or electronically communicating with a student through contact information gained as a volunteer for the district is prohibited.
14. I have read the Volunteer Handbook.

I have read, understand and agree with these regulations. \_\_\_\_\_

Initial

## BACKGROUND AND CRIMINAL RECORDS CHECK ACKNOWLEDGEMENT

"I understand that background checks and/or criminal records checks and/or fingerprinting of prospective employees, contractors with the District, and applicants for volunteer services are required by law and/or Board policy. I hereby agree to such checks and understand my service is contingent on the results of such checks, as determined by the District.

I understand that I am required to answer truthfully and completely all questions and requests for information as part of the volunteer application process, including those concerning background and criminal records, and that any false statement will be grounds for denial of volunteer services.

I understand that upon notification by Oregon Department of Education (ODE) that an individual has been convicted of or has made false statement as to conviction of any crimes that would prohibit volunteering with the District, the superintendent or designee shall withdraw the volunteer status immediately.

I understand that fees associated with criminal records checks and fingerprinting, as required by law or Board policy shall be the responsibility of the new applicant.

I understand that should I refuse to consent to background and/or criminal records checks and/or refuse to be fingerprinted as required by law or Board policy, I will not be considered for volunteer services.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



# Woodburn School District SB 155 Requirements

DIVERSE IN CULTURE; UNIFIED IN MISSION

Please click on the link below and use the volunteer code (093efff6) to **REGISTER**. See picture below for reference.

Upon completion, please email your certificate to [wsdvolunteers@woodburnsd.org](mailto:wsdvolunteers@woodburnsd.org)

URL: <https://pacetraining-or.safeschools.com/>

Parent: dc07938a

Contractor: 53ae6612

Volunteer: 093efff6

Please click on the following items to view our School Board Policies

- [JHFE Reporting of Suspected Abuse of a Child](#)
- [JHFE-AR\(1\) Reporting of Suspected Abuse of a Child](#)
- [JHFF Reporting Requirements Regarding Sexual Conduct with Students](#)
- [JHFF/GBNAA Reporting Requirements for Suspected Sexual Conduct with Students](#)

I have read, completed, and understand the mandatory training and WSD Board Policies. Initials \_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Revised 10-2021





# Woodburn School District Background Check for Volunteers

The information requested below will be used to complete your background check. Please respond to each question with accurate and honest information. Failure to provide information or providing inaccurate information will result in the denial of your application. If you are unable or unwilling to provide a Social Security or a Driver License number, the Woodburn School District may be unable to do an adequate background check for you. Due to this, the district would be unable to approve you as a volunteer. However, parents may always participate directly with their child without official designation as a volunteer, providing the school allows it. If that participation involves a field trip, the parent must provide their own transportation to and from the destination. Parents without official volunteer designation may not supervise any students, other than their own child.

_____	_____	_____	Female	Male	Non-Binary
First Name	Middle Name	Last Name			

Other Names Used:

\_\_\_\_\_

Maiden, alias', legal name changes etc.

_____	_____	_____	_____
Address	City	State	Zip

_____	_____	_____
Home phone	Other phone	Date of Birth

_____	_____	_____	_____
Driver License #	Issuing State	Original Issue Date	Social Security #

- |    |   |     |    |
|----|---|-----|----|
| A. | Have you <b>EVER</b> been convicted of a sex-related crime?<br>If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____   | YES | NO |
|    | If yes, did the crime involve force or minors?  | YES | NO |
| B. | Have you <b>EVER</b> been convicted of a crime involving violence or threat of violence?<br>If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____                    | YES | NO |
| C. | Have you <b>EVER</b> been convicted of a crime involving criminal activity in drugs or alcoholic beverages?<br>If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____ | YES | NO |
| D. | Have you <b>EVER</b> been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes)   | YES | NO |
| E. | Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal?  | YES | NO |

Do you wish to volunteer any information regarding your responses on this document or about any information that will be discovered during the investigation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ state that all the information on this form is accurate and  
Applicant's Name

complete and is provided in good faith. Through my signature below I authorize the Criminal Information Services, Inc. and its representative to obtain information about me (if applicable) from various law enforcement agencies, courts, and corrections agencies. Further, with my signature I give irrevocable consent to all governmental agencies, public or private companies and individuals to release information regarding me to the Willamette Education Service District and to their representative, Criminal information Services, Inc. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original.

_____	_____	Revised 10-2021
Applicant's Signature	Date	