

VOLUNTEER CHECKLIST / AGREEMENT: 5630F

The District recognizes the valuable contribution made to the total school program through the volunteer assistance of parents and other citizens. We thank you for your assistance and support. To safeguard students and student records it is necessary that all volunteers be screened and trained regarding their involvement with students and school activities. Staff and volunteers should allow a minimum of 2-5 days after all forms have been completed and submitted to the Human Resources department for a volunteer applicant to receive clearance to begin serving as a volunteer. We thank you for your understanding of the need for these safeguards. Please read and check each of the statements below.

- _____ Complete the applicant portion of the Washington State Patrol Request for Criminal History Information form and return to the school secretary (or athletic director for volunteer coaches). This form is good for two years for regular volunteers and one year for volunteer coaches.
- _____ Complete and return the Federal Way Public Schools Disclosure form.
- _____ If fingerprinting is required, (volunteer coaches and those having unsupervised access to children), have fingerprinting done at the Human Resources office, and provide a photo ID. If you have completed this for another school or group, within the past two years, you may provide us with a copy for our files, in accordance with RCW 28A.320.155.

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 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 the District may revoke the engagement of a volunteer at any time. I understand that I am required to follow all District policies and procedures. I have read the District's policies and procedures pertaining to expectations for students, staff, and volunteers regarding harassment and bullying (3207, 3207P, 5266, 5266P), maintaining professional boundaries (5253, 5253P), and volunteering (5630, 5630P, 5630F). These are available on-line or at the school or ESC offices. I understand that failure to follow District policy and procedures 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 if I am convicted of any crimes following completion of this form, I must immediately report those to the Assistant Superintendent of Human Resources.

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 Technology User Agreement.

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.

Children's Names - if Current FWPS Students

Name of Volunteer – Please Print

Signature of Volunteer

Date

I am requesting that _____ be approved to volunteer at our school, subject to proper clearance.

Principal/designee

HR Approval