



Volunteer Application Form

Thank you for your willingness to volunteer with Chimacum School District. To ensure the safety of our students and staff this application packet must be complete before you can begin your volunteer assignment.

Please submit the following documents in order to be on the volunteer list:

Volunteer Application Form (complete every two years)
If volunteering on an overnight trip must submit fingerprints for processing
If transporting students must also complete the Use of Private Vehicle Packet
Verify name and birthdate on driver's license (Initial Here: _____)

<p>VACCINATION VERIFICATION</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>VOLUNTEER LOCATION</p> <p>_____</p> <p>VOLUNTEER CATEGORY</p> <p>Athletic Coach</p> <p>Field Trip</p> <p>Classroom</p> <p>Overnight Trip</p> <p>Other</p>	<p>PERSONAL INFORMATION (please print)</p> <p>Name _____</p> <p>Address _____</p> <p>Email _____</p> <p>Phone _____ Cell _____</p> <p>In case of emergency, please notify (print clearly):</p> <p>_____</p> <p>_____</p> <p>Do you have a medical condition that we need to be aware of?</p> <p>_____</p>
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<p>VOLUNTEER CONFIDENTIALITY AND GUIDELINES FOR BEHAVIOR: As a volunteer, you are agreeing to treat all information about a student, his or her academic, social, and family matters as CONFIDENTIAL and the information is NOT to be repeated. Your initials document your agreement to uphold the student confidentiality and volunteer behavior guidelines.</p>	<p>Initial/Date</p>	
<p>School volunteers are not allowed to meet with students at their homes or in a private or public location outside of school hours.</p>	<p>Initial/Date</p>	
<p>Do NOT, under any circumstances, transport a child to or from school.</p>	<p>Initial/Date</p>	
<p>GROUND RULES FOR DISTRICT FACILITIES</p> <p>No smoking (includes e-cigarettes) or tobacco allowed, including on athletic fields and in district vehicles</p> <p>No weapons allowed</p> <p>No drugs or alcohol allowed</p> <p>Do not use school equipment for personal purposes</p> <p>Do not administer any medications, prescription or nonprescription, to students</p>	<p>Initial/Date</p>	
<p>BACKGROUND INFORMATION</p> <p>Have you ever been convicted of a crime? (Exclude civil infractions, such as minor traffic citations.) If yes, please attach an explanation of the nature of this crime.</p> <p>_____</p> <p>Are you presently charged with, but not convicted of, a crime? (Exclude civil infractions such as minor traffic citations.) If yes, please attach an explanation of the nature of this crime, place, date, and court.</p> <p>_____</p> <p>I hereby certify that all the information I provide in this application is true and correct.</p> <p>_____</p> <p>I hereby release and discharge the Chimacum School District and those who provide information from all liability as a result of furnishing and receiving information.</p> <p>_____</p> <p>I understand and agree that falsification of any part of this application shall be sufficient cause for dismissal or refusal to hire or deny participation in school events.</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>

<p>I have read and understand the following district policies and procedures (policies may be found at www.csd49.org under school board policies: (3207: Prohibition of Harassment, Intimidating and Bullying; 6590 Harassment; 5253 Maintaining Professional Staff/Student Boundaries; 5201 Drug-Free Schools, Community and Workplace; 3421: Child Abuse Neglect and Exploitation.</p>	<p>Initial /Date</p>
<p>Washington State Law requires all volunteers who have regularly scheduled unsupervised access to children under sixteen years of age or developmentally disabled persons to complete and sign a disclosure statement AND to participate in a background investigation check through the Washington State Patrol. By signing below, you authorize the Chimacum School District to conduct a Washington State Patrol (WSP) background check. The background check is valid for two years. This personal information is held completely confidential.</p>	
<p>ASSUMPTION OF RISK, WAIVER OF LIABILITY, HOLD HARMLESS AGREEMENT</p> <p>Assumption of Risk for COVID-19: I am voluntarily entering District premises and understand that that my presence is voluntary and is not required. By signing below, I acknowledge that I understand the risks of COVID-19 associated with entering District premises and/or participating in District activities in-person. I voluntarily assume such risks, including the risk of serious illness, debilitating injury, or death. By signing below, I further acknowledge that I understand that the risk of exposure to, contracting, or spreading COVID-19 may result from the acts, omissions, or negligence of myself and others, including but not limited to the District employees, agents, representatives, volunteers; other students, program participants, and their families; and/or other individuals who may be present in school facilities or in attendance at any school activity. I knowingly assume such risks, including the risk of serious illness, debilitating injury, or death.</p> <p>Waiver of Liability/Hold Harmless: By signing below, and in consideration for the opportunity to enter District premises, I voluntarily agree to waive and discharge any and all claims against the District related to or arising out of COVID-19, and voluntarily release the District from liability for any exposure to or illness or injury from COVID-19, including claims for negligent actions of the District or its employees, agents, representatives, and volunteers related to or arising out of COVID-19, to the fullest extent allowed by law. By signing below, and in consideration for the opportunity to enter District premises, I agree to release, discharge, and hold harmless the District and its employees, agents, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from COVID-19.</p> <p>As a condition of being permitted to volunteer for Chimacum School District, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from my volunteer experience, including but not limited to, any activity while volunteering on school property. I hereby agree to waive all claims arising out of any such injury or damage.</p> <p><i>I certify that I have read and understand the foregoing and accept and agree to be bound by the terms and conditions of the above.</i></p>	
<p>Applicant Signature:</p>	<p>Date:</p>
<p>Applicant's Legal Name:</p>	<p>Gender:</p>
<p>Alias or Maiden Name(s):</p>	<p>Date of Birth:</p>

Please return all completed forms to the District Office.
(Form Revised February 2024)

Chimacum School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination:

Civil Rights and Title IX Coordinator: Stephanie McCleary
stephanie_mccleary@csd49.org
PO Box 278, Chimacum, WA 98325-0278
360.302.5894

Section 504/ADA Coordinator: Sarah Walker
sarah_walker@csd49.org
PO Box 278, Chimacum, WA 98325-0278
360.302.5823