



VOLUNTEER APPLICATION

Name: _____ Telephone: (Day) _____ (Evening) _____

Mailing Address: _____ Zip Code: _____

Emergency Contact: _____ Daytime phone: _____ Relationship to you _____

Please describe any special medical conditions (allergies, etc.) or special accommodations

Location Preference: _____ Your child(ren's) current grade level: 1 2 3 4 5 6 7 8 9 10 11 12

Your children(s) name(s), if applicable _____

Indicate below which category(s) you prefer as a volunteer: (circle areas of interest)

- | | | | |
|---|-----------------------|----------------------|--|
| At-Home Volunteer | Library Volunteer | Child Care Volunteer | Enrichment Volunteer |
| Classroom Volunteer* | Health Room Volunteer | On-Call Volunteer | Special Education Volunteer |
| Office Volunteer | Tutoring Volunteer* | Lunch Buddy | District Department Volunteer |
| Playground Volunteer | Field Trips Volunteer | Breakfast Buddy | (Admin, Facilities, Business, Human Resources) |
| Special Events Helper (e.g., Spelling Bee, Battle of the Books, PTA events-during school hours) | | | |

***Classroom and Tutoring Assistance:** I would be most interested in assisting in the following areas:

- | | | | | |
|----------------|-----------|--------------------|------------------------------------|----------------------|
| Reading | Art | Economics | World Languages | Technology Education |
| Math. | Business | History | Music Education | Vocational Education |
| Social Studies | Careers | Language Arts | Special Education | Physical Education |
| Science | Computers | Home & Family Life | English as a Second Language (ESL) | Hmwrk Club |

Please suggest any other areas you can offer assistance _____

Do you have any relevant special training or educational background? Yes No Please describe: _____

Are you bilingual? Yes No If yes, what other languages do you speak? _____

Do you have clerical or computer skills? Yes No If yes, please describe _____

Please indicate your preferred days/times:

Mon. ___AM ___PM, Tues. ___AM ___PM, Weds. ___AM ___PM, Thurs. ___AM ___PM, Fri. ___AM ___PM

Please circle your preferred grade level: K 1 2 3 4 5 6 7 8 9 10 11 12

****I release and waive Valdez City Schools, my former employers and all references from any and all liability in obtaining or disclosing volunteer related information.** A copy of my Alaska State Driver's License or Military I.D. and Background check from the State Trooper's office/ Valdez Police Department must be submitted before I can be approved to work with students. The volunteer coordinator/Administrator in each building or department will match my expertise, interests and skills with staff requests for volunteers. **

Signature of Applicant _____ Date _____


Superintendent Approved: YES NO _____

Signature _____ Date _____

ATTENTION VOLUNTEER COORDINATOR: This form stays in the district office and a copy will be given to building administrators while the volunteer is active in the district.

VOLUNTEER DISCLOSURE FORM

Today's Date: _____

	<p>A criminal history background check is required by law and will be requested from law enforcement. Fingerprinting may be required at the discretion of Valdez City Schools. VCS reserves the right to conduct other background investigations. Your volunteer opportunity with VCS is contingent upon the background check.</p>	Photo ID Number _____	Photo ID State _____
		List school(s) where you would like to volunteer.	
		Will you be volunteering with athletics/activities? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		If yes to the question above, list the programs.	

PLEASE TYPE OR PRINT CLEARLY IN BLUE OR BLACK INK

First _____	Middle _____	Last _____
Mailing Address Street or PO Box _____	City _____	State _____ Zip _____
Date of Birth: (Month-Day-Year) _____	Home Phone _____	Work Phone _____
Place of Birth (City and State) _____	Email Address _____	Any other name(s) you have gone by (include maiden name) _____

Yes No Have you ever been convicted* of any crime against children or other persons?
 (See reverse, note 1, for more information)

Yes No Have you ever been found by a court in any dependency proceeding to have physically or sexually abused or exploited any minor or vulnerable adult? (See reverse, note 2, for more information)

Yes No Have you ever been released from prison or jail for any drug-related offense, or have you been convicted* of any offense that involved drugs?

Yes No Have you ever been convicted* of any crime? (Felony, Misdemeanor, or Unclassified)
 Check "yes" even if your conviction was later dismissed.

Yes No Are any criminal charges currently pending against you?

Yes No Are you presently charged with, but not convicted* of, any crime?

All "Yes" answers require additional information. If you answered "yes" to any of the questions above, attach supplemental information providing details. Include any court records. Answering "Yes" does not automatically disqualify you from volunteering. Falsified information may disqualify you from volunteering even if the event alone may not have been disqualifying.

By signing this disclosure, you, the applicant, certify that you understand the foregoing statements and that you have answered truthfully and correctly. Furthermore, you understand that a background check will be conducted and you agree to that background check. **** Volunteer Disclosures Must be Renewed Every Two Years. ****

Applicant Signature _____ **Date** _____

Parent/Guardian Signature (if applicant is under 18) _____ **Date** _____

Administrator approval is required if a volunteer is under age 21. Approved? Yes No

Administrator Signature _____ **Date:** _____

Volunteer Coordinator, please return this form to Valdez City Schools District Office with a copy of applicant's Alaska, or other state, Driver's License or other Official Photo ID card. Copy front and back of ID card, increase size to 120%, use 'photo' setting on your copier.**

PRINT ON BLUE PAPER

VOLUNTEER DISCLOSURE FORM

Today's Date:

Note 1

Have you been convicted of any crime against children or other persons?

Aggravated murder; first, second or third degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree assault of a child; first, second or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future?

Note 2

Disclosure Expiration

Volunteer disclosure forms must be resubmitted for approval every two years.

*** “Convicted” means:**

All adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, a stipulation to the facts, a deferred or suspended sentence, a period of probation, or a deferred prosecution.

**** Official Photo ID -- What is an “Official Photo ID”?**

Some examples are: State-issued ID cards, State/Private College/University ID cards, Federal-issued ID cards such as Resident alien ID card, Passport, Tribal enrollment or identification card, other state, federal, or local government issued identification card as long as it meets the following criteria:

1. Display the holder's photo
2. Display an issue date and expiration date
3. Displays the holder's full name

Volunteer Coordinator, please return this form to Valdez City Schools District Office with a copy of applicant's Alaska, or other state, Driver's License or other Official** Photo ID card. Copy front and back of ID card, increase size to 120%, use 'photo' setting on your copier.

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Valdez City Schools
PO Box 398
1112 West Klutina – Valdez, AK 99686
Telephone (907) 835-4357
Fax (907) 835-4964

PROCEDURES FOR FINGERPRINTS AND
STATE AND NATIONAL CRIMINAL HISTORY BACKGROUND CHECK

1. Obtain one (1) fingerprint card:
An appointment must be made with the Corrections Officer to have fingerprints done. Walk-ins are not permitted.

Phone #: 835-4560
Where: Valdez City Police Department
212 Chenega
Valdez, Alaska 99686

Cost: **You need one fingerprint card for the Valdez City School District, which will cost \$10.00.**
The Police Department does not accept credit cards.

Fill out the Fingerprint cards in highlighted areas only as per the attached sample. Cards must be printed or typed in **BLACK INK ONLY**.

*PLEASE DO NOT FILL OUT ANY AREAS THAT ARE NOT HIGHLIGHTED.
2. Bring the fingerprint card to:
Where: District Admin Assistant
Valdez City School District Office
1112 West Klutina
Valdez, Alaska 99686
Phone #: 834-4701 (call for directions or questions)
3. Obtain a State and National Criminal History Background Check:
-The district will reimburse fees paid by the individual.
-The district will mail the fingerprint card and cover the cost of \$48.25 to the State of Alaska, Department of Public Safety, Records and Information.
-The State of Alaska will provide the Valdez City School District with the State and National Criminal History Background Check within approximately 8 weeks. Employment may begin before the Background Check is received.

OR...

***If this requires an expedited approval for the school system you may contact the local state trooper, Tony Beck at (907)835-4307, and have a state background check completed. The cost is \$20.00, you must provide your driver's license for identification. You may then bring the printed information to the district office. The District will reimburse for all monies spent on background checks.**



SAMPLE

APPLICANT		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK				LEAVE BLANK
SIGNATURE OF PERSON FINGERPRINTED		21	LAST NAME NAM	FIRST NAME	MIDDLE NAME		
RESIDENCE OF PERSON FINGERPRINTED		22	AKASTOIOO DPS ANCHORAGE, AK			3	DATE OF BIRTH DOB Month Day-Year
DATE OF SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		18	23	5	6	8	11
EMPLOYER AND ADDRESS		19	4	Client # 5057			12
INTERESTED PERSONS AS 12.62.160(b)(9)		20	13	LEAVE BLANK			
			14	CLASS			
			15	REF			
			18	SOCIAL SECURITY NO			
			17	MISCELLANEOUS NO (MISD)			

RIGHT HAND

1 R THUMB 2 R INDEX 3 R MIDDLE 4 R RING 5 R LITTLE

LEFT HAND

6 L THUMB 7 L INDEX 8 L MIDDLE 9 L RING 10 L LITTLE

LEFT FOUR FINGERS

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

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R THUMB

RIGHT FOUR FINGERS

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY