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:

	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.	Photo ID Number Photo ID State List school(s) where you would like to volunteer. Will you be volunteering with athletics/activities? ☐YES ☐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 <u>any</u> 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?

<u>All "Yes" answers require additional information</u>. 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.**

PRINT ON BLUE PAPER

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.

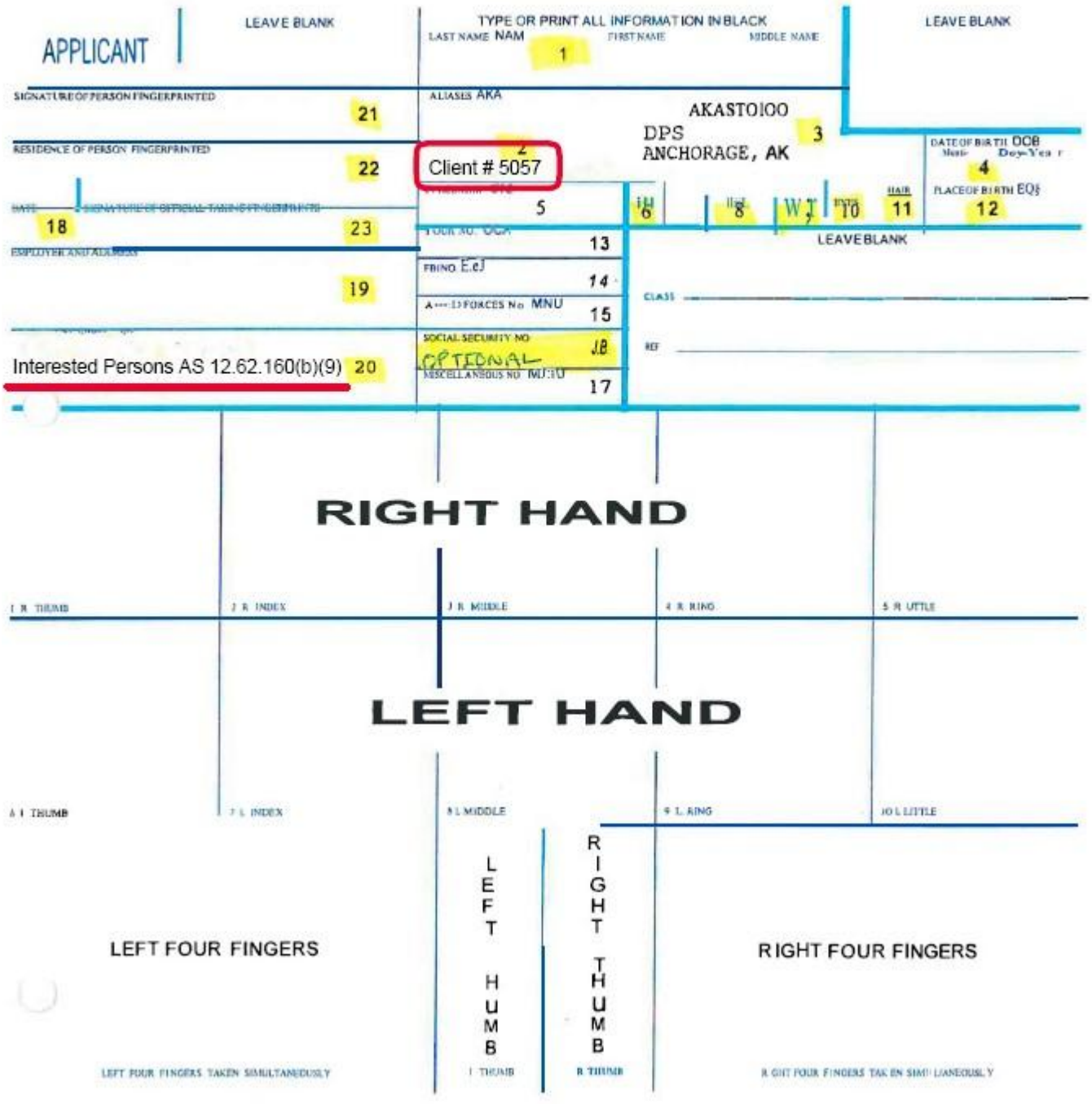
2. Bring the fingerprint card to:
   Where: District Admin Assistant
   Valdez City School District Office
   1112 West Klutina
   Valdez, Alaska 99686
   Phone #: 834-4701 (call for directions or questions)

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
LAST NAME NAM
FIRST NAME
MIDDLE NAME
LEAVE BLANK
1
SIGNATURE OF PERSON FINGERPRINTED
21
ALIASES AKA
AKASTOIOO
DPS
ANCHORAGE, AK
3
RESIDENCE OF PERSON FINGERPRINTED
22
2
Client # 5057
DATE OF BIRTH DOB
Mon Day-Yea r
4
5
6
8
W T
10
11
HAIR
PLACE OF BIRTH EQS
12
18
23
13
LEAVE BLANK
EMPLOYER AND ADDRESS
FBINO E.cJ
14
19
A--FORCES No MNU
15
CLASS
SOCIAL SECURITY NO
JB
OPTIONAL
RF
Interested Persons AS 12.62.160(b)(9) 20
MISCELLANEOUS NO MU:0
17
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 HUMB
RIGHT THUMB
RIGHT FOUR FINGERS
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY
L THUMB
R THUMB
RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY