VOLUNTEER APPLICATION

Name: _____ Telephone: (Day)_____(Evening)_____
Mailing Address: _____ Zip Code: _____
Emergency Contact: _____ Phone: _____ Relationship to you: _____
Please describe any special medical conditions (allergies, etc.) or special accommodations:
_____
_____
Location Preference: _____ Your child(ren's) current grade level: K 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	Social Studies	Careers	History
Language Arts	Music	Special Education	Vocational Education	Physical Education
Science	Computers	Home & Family Life	English as a Second Language (ESL)	
Homework 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, Wed. ◯AM ◯PM, Thur. ◯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 ID and background check from the State Troopers 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 Admin: This form remains in the district office and "Active" dates are loaded in Frontline. Revised 03/11/2025

VOLUNTEER APPLICATION

DISCLOSURES
Yes ◯ No ◯ Have you ever been convicted of any crime against children or persons? (See 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 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?

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 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**
The volunteer application, disclosure, and background check process must be completed and resubmitted for approval every 5 years. Valdez City School District shall require each individual for whom a background check is required to report, within 24 hours or the next business day, if the individual is charged with, convicted of, found not guilty by reason of insanity for, or adjudicated as a delinquent for, any crime.
"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.

All "Yes" answers require additional information. If you answered "yes" to any of the questions above, attach supplemental information providing details. Include 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. Futhermore, you acknowledge that you have been informed of your privacy rights for fingerprint-based background checks used by Valdez City Schools and understand that a background check will be conducted and that you agree to that background check. **** The Volunteer Application, Disclosure & Background Check Process Must be Renewed Every Five 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 APPLICATION

Privacy Act Statement
This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety. As of 03/30/2018

VOLUNTEER APPLICATION

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

• You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
• You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
• If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
• The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
• If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

- Written notification includes electronic notification, but excludes oral notification.
- https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement
- See 28 CFR 50.12(b).
- See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

If a change, correction, or update needs to be made to a criminal history record, or if you need additional information or assistance, please contact the Personnel Security Section (ISR) at (571) 776-2330.

VOLUNTEER APPLICATION

PROCEDURES FOR FINGERPRINTS AND

STATE AND NATIONAL CRIMINAL HISTORY BACKGROUND CHECK

To volunteer within the Valdez City School District, individuals must obtain a State and National Criminal History Background Check. The district will reimburse any fees paid by the individual for this process. The district will mail off the fingerprints and cover the $48.25 fee for submission to the State of Alaska, Department of Public Safety, Records and Information. Once submitted, the State of Alaska will process the background check and provide the results to the Valdez City School District within approximately 8 weeks**. Volunteers may begin their duties before the background check results are received, as long as they have completed step 3.**

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.

   Office: Fill out the Fingerprint cards in highlighted areas only as per the sample on file. 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)
   For immediate consideration please, complete Step 4 with the local state trooper.

3. 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.

4. Bring all receipts to the district office for reimbursement.

VOLUNTEER APPLICATION

VALDEZ CITY SCHOOL DISTRICT
WAIVER OF LIABILITY FOR VOLUNTEERS

Note: The Valdez City School District from time to time provides opportunities for members of the community to volunteer services to the school district. However, the school district does not provide liability insurance coverage to non-district personnel serving in volunteering positions with the school district. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the school district and to document the volunteer's acknowledgement that they are providing volunteer service at their own risk.

By executing this waiver, the volunteer:

1. Acknowledges that the Valdez City School District does not provide insurance coverage for the volunteer for loss, injuries, illness, or death resulting from the volunteer's unpaid service to the school; district;
2. Agrees to assume all risk for death or any loss, injury, illness or damage, of any nature or kind, arising out of the volunteer's supervised or unsupervised service to the school district;
3. Agrees to waive any and all claims against the Valdez City School District, or its officers, board members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the school district.
4. Agrees that this waiver is effective whether death, loss, damage, illness or injury is the result of the negligent, intentional or unintentional acts of the district, any district employee, officer, board member, or agent or that of any other volunteer working for, or on behalf of the Valdez City School District, and further agrees to waive any and all claims against the school district, of any nature of kind, for damages arising out of volunteer service to the school district.

By my signature below, I hereby certify that I have carefully read this waiver, and that I am signing this waiver knowingly, without coercion or duress.

Signature of Volunteer Date

Printed Name of Volunteer Witnessed by

Valdez City Schools Board Policy
Waiver: E 1250 Adopted June 2005

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