



**Personal Information** Today's Date \_\_\_\_\_ Teacher (if elem.) \_\_\_\_\_

Legal First Name \_\_\_\_\_ MI \_\_\_\_\_ Legal Last Name \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Photo Identification (\*Must include a photocopy of the ID\*)**

Full name as it appears on Photo ID \_\_\_\_\_

ID Number \_\_\_\_\_ Expiration \_\_\_\_\_

**Volunteer Placement**

I am a:

- ☐ Parent/Guardian  
☐ Relative  
☐ Community Member

I want to volunteer as a:

- ☐ Classroom/School Volunteer  
☐ Chaperone  
☐ Field Trip/Activity Driver

- ☐ Coach  
☐ Other \_\_\_\_\_

I wish to volunteer at:

- ☐ CVES ☐ FCES ☐ NBES ☐ OES ☐ SES ☐ TRES ☐ MBS  
☐ CKMS ☐ SMS ☐ TFMS ☐ MSHS ☐ TRS ☐ TLC

**Volunteer Disclosure Statement**

**Please answer YES or NO to each listed item.** If the answer is YES to any item, provide an explanation in the area provided: indicate the charge or finding, the date of the conviction or finding, the court(s) involved, and the penalty imposed. The Snoqualmie Valley School District may inquire of state and federal law enforcement or other agencies and examine court or agency records regarding any criminal history and civil adjudications. Any falsification, omission, deliberate misrepresentation, or failure to complete any part of this form is grounds for rejection as a volunteer. The District reserves the right to reject any applicant for any legitimate, nondiscriminatory reason. Decisions about volunteer approval status are made on a case-by-case basis. Criminal convictions DO NOT necessarily restrict you from volunteering.

1. Have you ever been convicted of a crime? You must include any and all criminal convictions. The term "convicted means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution.

☐ No ☐ Yes If "yes," please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation of a child in any legal proceeding? These proceedings include judicial or administrative proceedings as well as findings by the Dept. of Social and Health Services (DSHS) or the Dept. of Health (DOH) that you have not challenged or appealed.
- ☐ No ☐ Yes If "yes," please explain: \_\_\_\_\_
- 
3. Do you currently have any criminal charges pending against you? Are you presently under investigation for possible criminal charges?
- ☐ No ☐ Yes If "yes," please explain: \_\_\_\_\_
- 
4. Other than any matter listed above, are there any facts or circumstances involving you or your background that would call into question the district entrusting you with the supervision, guidance, and care of its students?
- ☐ No ☐ Yes If "yes," please explain: \_\_\_\_\_
- 

## Disclosure Statement

I hereby authorize and consent to the Snoqualmie Valley School District ("District"), its agents and employees, to inquire into and undertake whatever background check of me that the District, in its sole discretion, deems appropriate to determine my fitness to serve as a volunteer. I understand that inquiry may include computer database searches, criminal history checks (including a Washington State Patrol Request for Criminal History Information Child/Adult Abuse Information Act RCW 43.43.830 through 43.43.845 – WATCH report), interviews with people acquainted with me, employers, or references. I understand the information will be kept confidential to the extent permitted by law, but the District, as a public entity, is subject to the State Public Records Act, RCW 42.56 et seq and the exemptions provided there under, as amended. I release and hold harmless the District, its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that if the District determines, in its sole discretion, that I have provided false or incomplete information in response to the above questions, or the District decides, with or without cause, not to approve or retain me as a volunteer for whatever reason, the District may, without notice or other process, reject my application to serve as a volunteer, or revoke my privilege to serve as a volunteer.

Pursuant to RCW 9A.72.085, I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

- ☐ All information in this application is accurate to the best of my knowledge.
- ☐ I have read the District Volunteer Handbook, which is located on the District's website. I understand the information in the Handbook and I agree to comply with the guidelines set forth in the Handbook.
- ☐ I understand that I must complete a Driver Application Packet to transport students in my private vehicle.
- ☐ I have attached one copy of my current driver's license or other photo identification that includes my legal name and date of birth. This will be used by the District to help verify identity during the background check.
- ☐ I freely accept and voluntarily assume the risks of personal injury or property damage that may result from my volunteer activities. I hereby agree to waive any and all claims arising out of any such injury or damage.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## Volunteer Handbook Acknowledgement

Your application is complete when you submit the Volunteer Application and Volunteer Handbook Acknowledgement Form (three pages) with a copy of your photo ID. We will review your completed application and conduct a Washington State Patrol background check which can take 5-7 days to process. Be sure to complete your application well in advance of the day you wish to begin volunteering. After your application is processed, you will receive an email notification of the status. You cannot volunteer or provide services in ANY capacity until this notice is received. Approval is valid for two years. If you have questions or concerns, please email Carolyn Malcolm ([malcolmc@svsd410.org](mailto:malcolmc@svsd410.org)) or [humanresources@svsd410.org](mailto:humanresources@svsd410.org).

There are federal and state laws that protect the privacy rights of students and families. In a school situation, there are many instances in which confidential information is discussed to better understand students and how we can help them. When working in the schools as a volunteer, there may be times when this information is heard. Our staff will make every effort to prevent this from happening; however, as a volunteer you must agree that if you do hear information about a student, staff member, or family you will not repeat this information. This will ensure the protection of our students' interests and their families, thus creating a better environment for all.

Additionally, two laws govern confidentiality: FERPA (Family Education Rights and Privacy Act) and IDEIA (Individuals with Disabilities Education Improvement Act). Both regulations indicate that confidentiality must be maintained relative to all students. Therefore, any written or verbal communication with anyone who does not have a right to know is in violation of the laws. A volunteer should not discuss (written or verbal) a child's educational needs, information, or experiences with any individual. Only those who work directly with the student are considered those who "need to know." **If at any time these terms of confidentiality are violated by a volunteer, the person will be no longer be allowed to volunteer in our schools.**

Please check the boxes to acknowledge that you have reviewed the Volunteer Handbook and agree to the policies and procedures outlined within it. Pursuant to RCW 9A.72.085, I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

- ☐ I will keep confidential matters private.
- ☐ I have read the Volunteer Handbook. I understand the information in the Handbook and agree to comply with the guidelines set forth in the Handbook.
- ☐ I agree to comply with District Policy 3207: Prohibition of Harassment, Intimidation and Bullying.
- ☐ I agree to comply with District Policy 5011: Sexual Harassment of District Staff Prohibited.
- ☐ I agree to comply with District Policy 4011: Civility.
- ☐ I realize that I am subject to a code of ethics like that which binds the professionals in the field in which I work.

By signing this agreement, I am stating that I will comply with the policies in the Volunteer Handbook and I will not divulge information about any student, staff member, or family to any person.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_