



## Application to Volunteer

Please use ink

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ e-mail \_\_\_\_\_

I want to volunteer in the  Elementary  Middle  High  Alternative K-12

classroom  sports/activities  Tutor/Mentor Program

office/clerical  health screens  special projects  field trip

Other \_\_\_\_\_

Please describe any special talents you have, or use this space to identify the kinds of activities you would enjoy doing as a volunteer in our schools.

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Other languages I speak: \_\_\_\_\_

### Emergency Information:

Contact person \_\_\_\_\_

Relationship to you \_\_\_\_\_ Telephone \_\_\_\_\_

Please describe any special medical conditions: \_\_\_\_\_

The South Whidbey School District #206, an Equal Opportunity Employer, does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, marital status, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. Protected groups are invited to apply. The following employees have been designated to handle questions and complaints of alleged discrimination: Affirmative Action/Title IX/RCW 28A.640/RCW 28A.642 compliance officer, Dan Poolman,, [dpoolman@sw.wednet.edu](mailto:dpoolman@sw.wednet.edu), or Section 504/ADA coordinator, Dr. Jeff Fankhauser, [jfankhauser@sw.wednet.edu](mailto:jfankhauser@sw.wednet.edu), 5520 Maxwellton Road, Langley, WA 98260, 360-221-6100

**Please return forms and present your photo identification to your school secretary. A copy of your photo ID will be kept with your application at the District Office at 5520 Maxwellton Road, Langley WA.**

South Whidbey School District  
**Volunteer Confidentiality Statement**

*Thank you so much for volunteering to help in the South Whidbey School District. We appreciate you giving of your time and talent. Our students' safety is a priority to us and for that reason we require that volunteers sign a confidentiality and discrimination statement. Please sign and return this form prior to starting your volunteer position(s). Thank you.*

I understand that information regarding students, families, staff and the organization may be confidential in nature and that as a volunteer for the South Whidbey School District I will adhere to the following:

1. Respect the confidential nature of any verbal or written communication I receive regarding students, families, staff, and the organization.
2. Keep personal information confidential at school and after I leave school.
3. Be discreet in any verbal communications by not discussing students, staff, or families in front of others.
4. Immediately report directly to the principal or site administrator any information disclosed to me concerning a child's safety.
5. Make reasonable efforts to assure that each student is protected from harassment or discrimination.
6. Not harass nor discriminate against any student, staff member, parent or volunteer on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability.
7. Not use any of the student/family/school/educational information for personal gain, monetary or otherwise.

I also understand that relationships developed with children at school should remain at school and that for the protection of both the student, staff and volunteer, volunteers should not be left alone with a child that is out of view of school personnel or another adult volunteer.

I understand that permission to communicate with a student outside the regular school day must be granted by the student's parent/guardian; the South Whidbey School District cannot and will not grant this permission.

Volunteer's Name (Please Print) \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Volunteer Positions: \_\_\_\_\_

In order to protect our students and staff, South Whidbey School District requires all volunteers to complete the following disclosure.

**Disclosure.** Please answer yes or no to each of the following questions. If the answer to any question is "yes", please explain the situation in detail in the area provided, indicating the offense(s), the date(s) of the conviction(s), the name of the court(s), (e.g., Island, King, Etc. County Superior Court), and the sentence(s) imposed.

Yes     No    Have you ever been convicted of a crime? (The term "convicted" means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, or a stipulation to the facts. Exclude civil infractions, such as minor traffic citations.)

Yes     No    Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding? (Vulnerable adult means adults of any age who lack the functional, mental, or physical ability to care for themselves. Civil adjudicative proceeding includes judicial or administrative proceedings as well as findings by DSHS or the Department of Health that you have not administratively challenged or appealed.)

If you answered "yes" to any of these questions, please explain here or use another sheet of paper:

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Please fill out the attached Washington State Patrol Form.

I hereby certify that:

- The information I have provided is true and correct and I give my permission for South Whidbey School District to perform a background check.
- I understand that as a volunteer, all information regarding students, families, staff and the organization is strictly confidential.
- I agree to work within the policies and procedures of the South Whidbey School District.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

**Note to Volunteers regarding Immunization.** We encourage all volunteers to be up to date on immunizations for measles, rubella, mumps and/or tetanus-diphtheria. Please be advised that, should an outbreak of one of a vaccine-preventable disease occur, you may be excluded by the Island County Health Officer from volunteering in the schools during the period of the outbreak.

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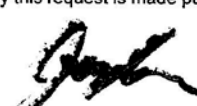
For District Use:  _____ Date Application Was Received	Date Background Check Cleared
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# WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633



## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

<p><b>(A) REQUESTING AGENCY/ADDRESS</b></p> <p>South Whidbey School District</p> <p>Agency Jo Moccia</p> <p>Attn 5520 Maxwellton Road</p> <p>Address Langley, WA 98260</p> <p>City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p></p> <p>Authorized Signature _____ Date _____</p> <p>Superintendent ( 360 ) 221-6808 Title Area Code/Phone Number</p>	<p><b>(B) PURPOSE</b> Check appropriate box</p> <p><input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p><b>Fees:</b> Make payable to <b>Washington State Patrol</b> by check, money order, or business account.</p> <p><b>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</b></p> <p>_____ Notarized Letter(s)</p>
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**(C) APPLICANT OF INQUIRY** (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

**Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.**

**(D) WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

South Whidbey School District  
Requesting Agency \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

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