



EDMONDS SCHOOL DISTRICT  
ELEMENTARY/MIDDLE SCHOOL  
VOLUNTEER APPLICATION

Your Student \_\_\_\_\_  
Grade

Please check all that apply.

- PARENT VOLUNTEER
- COMMUNITY VOLUNTEER
- STUDENT VOLUNTEER

FOR OFFICE USE ONLY	
Rcvd: _____	Orientation: _____
School(s): _____	

NAME: \_\_\_\_\_ M/F \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

PREVIOUS WORK WITH CHILDREN/YOUTH: \_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCE: \_\_\_\_\_

SCHOOL AND COMMUNITY ACTIVITIES: \_\_\_\_\_

LANGUAGES SPOKEN: \_\_\_\_\_

HOBBIES, INTERESTS, SKILLS: \_\_\_\_\_

REASON FOR VOLUNTEERING: \_\_\_\_\_

DO YOU HAVE A CURRENT CPR/1<sup>ST</sup> AID CARD?  YES  NO Expiration Date \_\_\_\_\_

DO YOU HAVE ANY HEALTH ISSUES THAT WE SHOULD BE AWARE OF? \_\_\_\_\_

LOCAL CONTACT IN EMERGENCY: \_\_\_\_\_ DAY PHONE (\_\_\_\_) \_\_\_\_\_

## AVAILABLE

*(Please fill in specific times you are available to volunteer)*

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					

### INTERESTS:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> One-on-one<br><input type="checkbox"/> Field Trips<br><input type="checkbox"/> Classroom<br><input type="checkbox"/> Office Help<br><input type="checkbox"/> Technology<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Lunch Buddy<br><input type="checkbox"/> Mentoring<br><input type="checkbox"/> Tutoring<br>Subject(s): _____ | <input type="checkbox"/> Library<br><input type="checkbox"/> Student Learning English<br><input type="checkbox"/> Students with Disabilities<br><input type="checkbox"/> After School Activities |
|---|--|--|

### GRADE LEVEL:

(please circle)

Elementary School

PRE K 1 2 3 4 5 6

Middle School

7 8

**LOCATION:** Which schools are you interested in volunteering? \_\_\_\_\_

How did you learn about our volunteer opportunities?

- Edmonds Schools
- Presentation
- Brochure
- Website
- Friend: \_\_\_\_\_
- Other: \_\_\_\_\_

All information in this application is accurate to the best of my knowledge. I have signed the attached Disclosure form.  
**I understand that all volunteering relationships established through the Edmonds School District take place with student(s) on the school campus during school hours or at other school authorized activities ONLY.**

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

*Parent Signature Required If Volunteer is Under the Age of 18:*

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

Please return to: Your school of choice for volunteering or the Edmonds School District, 20420 - 68<sup>th</sup> Avenue W., Lynnwood, WA 98036. If you have questions, please call Sue Venable, District Volunteer Coordinator at 425-431-7155 or e-mail [venables@edmonds.wednet.edu](mailto:venables@edmonds.wednet.edu).

# STRATEGIC VOLUNTEERISM GUIDELINES AND CONTRACT

## Effective Volunteers

### Will...

- engage in positive and supportive relationships with their student(s)
- respect culture, religion, and lifestyle diversity
- be respectful of teachers' time constraints and their authority in the classroom
- respect students' dignity
- be positive role models
- be good listeners, patient, flexible, and nurturing
- be non-judgmental and allow students to make mistakes
- separate personal goals from those of the students
- respect the confidentiality of students and staff
- ask for help when needed
- support, not replace, the role of parents or guardians
- remain calm, cool, and collected in frustrating and stressful situations
- reinforce students' successes
- follow school policies and procedures
- overcome setbacks or disappointments
- meet on a regular basis; be reliable, prompt, and dependable
- make a commitment for the duration of the school year

### Avoid...

- expecting dramatic changes in attitude, self-esteem or behavior
- breaking the trust they have established with students unless life threatening
- bringing personal agendas (i.e. religious or political) to their experience

In return for my volunteer service, I will receive training, encouragement and ongoing support, specifically, supervision and recognition from the district coordinators and school staff. I may also attend relevant workshops as offered.

I grant permission for my photo to be used for publicity purposes for volunteer opportunities in the Edmonds School District.      \_\_\_\_\_ YES      \_\_\_\_\_ NO

**I understand that all volunteering relationships established through the Strategic Volunteerism Program take place with the student on the school campus, during school hours or at other school authorized activities ONLY.**

**I also understand that the Edmonds School District and the Strategic Volunteerism Program have a zero-tolerance policy with regard to sexual harassment, drugs and alcohol, and weapons.**

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





EDMONDS SCHOOL DISTRICT  
HUMAN RESOURCES  
APPLICANT<sup>1</sup>/VOLUNTEER DISCLOSURE STATEMENT  
(Reference RCW 28A.400, RCW 43.43)

**YOU MUST ANSWER ALL EIGHT (8) ITEMS ON THIS FORM.**

\_\_\_\_\_  
Applicant/Volunteer Name (Please Print)

1. Check any of the following for which you have been convicted, including any of these crimes as they may have been renamed: *(the term "convicted" includes all instances in which a finding of guilt, a plea of guilty or nolo contendere, or stipulation to facts or deferred prosecution, or suspended sentence occurred).*

- |   |   |
|---|---|
| <input type="checkbox"/> Custodial Assault                                      | <input type="checkbox"/> First Degree Burglary                        |
| <input type="checkbox"/> First, Second, or Third Degree Assault of a Child      | <input type="checkbox"/> Aggravated Murder                            |
| <input type="checkbox"/> First, Second, or Third Degree Assault                 | <input type="checkbox"/> First or Second Degree Murder                |
| <input type="checkbox"/> Simple Assault   | <input type="checkbox"/> First or Second Degree Extortion             |
| <input type="checkbox"/> First or Second Degree Custodial Interference          | <input type="checkbox"/> First or Second Degree Kidnapping            |
| <input type="checkbox"/> Incest   | <input type="checkbox"/> First or Second Degree Manslaughter          |
| <input type="checkbox"/> First, Second, or Third Degree Rape of a Child         | <input type="checkbox"/> First, Second, or Third Degree Rape          |
| <input type="checkbox"/> Child Abandonment                                      | <input type="checkbox"/> First or Second Degree Robbery               |
| <input type="checkbox"/> Child Abuse or Neglect as Defined in RCW 26.44.020     | <input type="checkbox"/> Indecent Liberties                           |
| <input type="checkbox"/> Violation of a Child Abuse Restraining Order           | <input type="checkbox"/> Felony Indecent Exposure                     |
| <input type="checkbox"/> Child Buying or Selling                                | <input type="checkbox"/> Vehicular Homicide                           |
| <input type="checkbox"/> First or Second Degree Custodial Sexual Misconduct     | <input type="checkbox"/> Unlawful Imprisonment                        |
| <input type="checkbox"/> First, Second, or Third Degree Child Molestation       | <input type="checkbox"/> Malicious Harassment                         |
| <input type="checkbox"/> First or Second Degree Sexual Misconduct with Minor(s) | <input type="checkbox"/> Criminal Abandonment                         |
| <input type="checkbox"/> Patronizing a Juvenile Prostitute                      | <input type="checkbox"/> First or Second Degree Criminal Mistreatment |
| <input type="checkbox"/> Selling or Distributing Erotic Material to Minor(s)    | <input type="checkbox"/> Promoting Pornography                        |
| <input type="checkbox"/> Sexual Exploitation of Minor(s)                        | <input type="checkbox"/> First Degree Promoting Prostitution          |
| <input type="checkbox"/> Communication with a Minor for Immoral Purposes        | <input type="checkbox"/> Prostitution                                 |
| <input type="checkbox"/> First Degree Arson                                     |   |

**CHECK HERE IF YOU HAVE NOT BEEN CONVICTED OF ANY OF THE ABOVE, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED.**

2. Check any of the following if you have ever been convicted of these crimes relating to financial exploitation where the victim was a vulnerable adult *(defined as adults of any age who lack the functional, mental, or physical ability to care for themselves).*

- First, Second, or Third Degree Extortion
- First, Second, or Third Degree Theft
- First, Second, or Third Degree Robbery
- Forgery
- Any of the foregoing crimes as they may have been renamed

**CHECK HERE IF YOU HAVE NOT BEEN CONVICTED OF ANY OF THE ABOVE, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED.**

IF YOU CHECKED ANY OF THE BOXES IN QUESTIONS 1 AND 2, INDICATING THAT YOU HAVE BEEN CONVICTED OF A CRIME (AS LISTED OR RENAMED), PLEASE ATTACH AN EXPLANATION.

<sup>1</sup> All prospective employees who will or may have unsupervised access to children under 16 years of age, developmentally disabled persons, and/or vulnerable adults are "applicants".

3. Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance?  
 YES       NO
4. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?  
 YES       NO
5. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor, or to have physically abused any minor?  
 YES       NO
6. Have you ever been found in any disciplinary board final decision to have sexually or physically abused any minor or developmentally disabled person, or to have abused or financially exploited any vulnerable adult? (*"Disciplinary board final decision" means (a) any final decision by the director of the Department of Licensing for real estate brokers and salespersons or (b) any final decision by a disciplinary authority under Chapter 18.130 RCW of the secretary of the Department of Health for the following businesses or professions: chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, and psychology*).  
 YES       NO
7. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?  
 YES       NO
8. Are you presently charged with, but not convicted of, any of the crimes or offenses described in Questions 1 through 7 above?  
 YES       NO

IF YOU ANSWERED YES TO ANY QUESTIONS 3 THROUGH 8, PLEASE ATTACH AN EXPLANATION.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Applicant/Volunteer

\_\_\_\_\_  
Date

*An inquiry may be made to the Washington State Patrol or a federal law enforcement agency to verify your responses to the above inquiries. A copy of any response received pursuant to such inquiry will be made available to you.*

# 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>Agency _____</p> <p>Attn _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>Authorized Signature _____ Date _____</p> <p>Title _____ ( ) Area Code/Phone Number _____</p>	<p><b>B PURPOSE</b> Check appropriate box</p> <p><input 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>_____ <b>Notarized Letter(s)</b></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.

Requesting Agency \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

EDMONDS SCHOOL DISTRICT  
PRIVATE TRANSPORTATION FOR SCHOOL ACTIVITIES



Name of Driver \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Driver License No. \_\_\_\_\_

Name of Insurance Company providing vehicle insurance coverage \_\_\_\_\_

Insurance Policy No. \_\_\_\_\_ Agent's Name \_\_\_\_\_

Insurance Policy Limits \_\_\_\_\_

Year/Make/Model of vehicle \_\_\_\_\_

Number of seatbelts in vehicle (exclusive of driver) \_\_\_\_\_

**Driver Assurances** (*Driver's initials are required to affirm assurances.*)

- \_\_\_\_\_ I possess a valid Washington State Drivers License. (Please attach copy of license.)
- \_\_\_\_\_ I possess an accurate copy of my Drivers Abstract. (Please attach copy of abstract.)
- \_\_\_\_\_ I have not received any citations after the issue date of my Drivers Abstract.
- \_\_\_\_\_ I possess automobile insurance with limits equal to or greater than the limits required (\$100,000/\$300,000/\$50,000 BI/PD Liability, 100/300 UIM, \$10,000 PIP or MP) in the District's Administrative Regulations. (Please attach copy of insurance policy Declarations page.)
- \_\_\_\_\_ I understand that in the event of an automobile accident, my vehicle insurance provides primary coverage.
- \_\_\_\_\_ The vehicle used for this activity is operationally safe. (Including, but not limited to: lights, signals, horn, tires and brakes, etc.).
- \_\_\_\_\_ I will ensure that each passenger will be secured by an appropriate seatbelt and/or child restraint system when the vehicle is in use.
- \_\_\_\_\_ I have read and I understand the District's Policy and Administrative Regulations.

\_\_\_\_\_  
Driver's Signature Date

My signature certifies that the information above is correct.

**This portion must be initialed, completed and signed by a building administrator.**

\_\_\_\_\_ I have reviewed the information contained in this document, the completed HR-120, the WSP background check and other pertinent information and hereby authorize this driver and this vehicle to participate, subject to other applicable rules and regulations, in the occasional transportation of students to and from school-related activities.

\_\_\_\_\_  
Building Administrator Date Class/Teacher