

VOLUNTEER APPLICATION

~Please complete the following information on BOTH sides of form carefully. ~
 ~PRINT YOUR full legal name and date of birth (NOT the student's).~

PLEASE BE PREPARED TO SHOW PICTURE ID TO SCHOOL PERSONNEL FOR VERIFICATION.

YOUR Full Name _____ Male **YOUR FULL**
 _____ Female Date of Birth: _____
 (First) (MI) (Last) _____ Other (REQUIRED)

Address: _____

1st Phone: _____ 2nd Phone: _____ Email: _____

I would like to volunteer or help in the following way: _____

I wish to volunteer at the following schools/programs: _____

<u>Children's Name(s)</u>	<u>Teacher/Room</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree to complete the following disclosure information and understand that a satisfactory State Criminal History Background Clearance is required and that my service as a volunteer is dependent upon approval. I understand this time is spent in a volunteer capacity only and I have read and agree to comply with district, school and classroom rules, procedures and policies, including: [Maintaining Professional Staff/Student Boundaries](#), [Prohibition of Harassment, Intimidation, and Bullying](#), [Nondiscrimination and Affirmative Action](#), [Sexual Harassment](#), [Drug-Free Workplace](#), and [Civility In The Workplace](#).

Signature: _____ Date: _____

PLEASE NOTE: In compliance with Health & Safety Requirements, ALL staff and volunteers must have a current COVID-19 vaccination in order to participate in our schools.

I have completed the COVID-19 vaccination: Yes
 ----- OR -----

I have not received the COVID vaccine for religious or medical reasons. I understand that if an outbreak of COVID occurs, I may be excluded from the school(s) for the duration of the outbreak. The information on this form is complete and correct. I attest that I have elected to comply with the Stanwood Camano School District COVID unvaccinated accommodations including:

- *Screening myself for COVID symptoms prior to volunteering*
- *Stay home when ill*
- *Avoiding volunteering for 10 days after close contact with a Covid positive individual*

Signature: _____ Date: _____

The Stanwood-Camano School District does not discriminate in employment, programs, or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding compliance and/or grievance procedures may be directed to the District's Title IX/Affirmative Action Officer and Civil Rights Compliance Coordinator, Maureen Stanton (mstanton@stanwood.wednet.edu), or the Section 504/American Disabilities Act Coordinator, Robert Hascall (rhascall@stanwood.wednet.edu) Stanwood-Camano School District, 26920 Pioneer Hwy, Stanwood, WA 98292. Telephone: (360) 629-1200.

VOLUNTEER DISCLOSURE STATEMENT PURSUANT TO CHAPTER 43.43 RCW

Please Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date of the conviction or finding, the court(s) involved, and the penalty imposed. I understand that the Stanwood-Camano School District may inquire of state and federal law enforcement or other agencies and examine court or agency records regarding my criminal history and civil adjudications.

1. Have you **ever** been convicted of any crime?

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.

YES NO If YES, PLEASE EXPLAIN: _____

2. 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.

A civil adjudicative proceeding includes a judicial or administrative proceeding as well as findings by the Department of Social and Health Services or the Department of Health that you have not administratively challenged or appealed.

YES NO If YES, PLEASE EXPLAIN: _____

Any misrepresentation or omission of facts shall be sufficient cause for rescission of an offer of employment or termination of employment/volunteer status.

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

Print Name _____

Phone _____

Signature _____

Date _____