

VOLUNTEERS IN SCHOOLS INSPIRE TODAY'S STUDENTS
V.I.S.I.T.S. Program – Mount Vernon School District

Volunteer Application

Use Ink – Complete Both Sides

Name (Mr./Mrs./Ms./Title) _____ M _____ F _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (HM) _____ (WK) _____ (CELL) _____ (E-MAIL) _____

Are you volunteering as Parent _____ Family/Relation _____ Community Member _____ Other _____

College Students specify college and reason _____

You prefer which school _____ You learned about this opportunity from _____

List Mount Vernon School District students or staff to whom you are related or closely affiliated:

Full Name _____ Teacher/School _____ Relation _____

Full Name _____ Teacher/School _____ Relation _____

Full Name _____ Teacher/School _____ Relation _____

To promote volunteerism in the schools, we occasionally use volunteer names and photos. Please check if we have your permission to use your name and/or photograph. Name _____ Photo _____ Neither _____

STATEMENT In order to volunteer in the Mount Vernon School District, I understand that I must submit a completed Volunteer Application Packet pursuant to Mount Vernon School District Board Policy 5630 and 5630P. An interview may be requested prior to placement in a volunteer position. All information in this application is accurate to the best of my knowledge. I have completed and/or signed the following according to directions provided: Volunteer Application, Washington State Patrol Request for Criminal History Information (parts C and D), Applicant Disclosure Statement, and Visits Reference forms (2 are required). I understand that I will be serving in a volunteer capacity only and that volunteer placement in any Mount Vernon School District school or site is at the discretion of the Mount Vernon School District. As a volunteer, I understand that insurance coverage is my personal responsibility. I agree to abide by the policies and procedures outlined in the VISITS Volunteer Handbook available at each school. I agree to communicate regularly with the teacher and VISITS coordinator. I understand the Mount Vernon School District reserves the right to review all or any part of my application packet and request updated information. This application must be renewed once every three years to remain eligible to volunteer at the Mount Vernon School District.

Applicant Signature _____ Date _____

Emergency Contact _____ Relation _____

REFERENCES (NON-RELATIVE) Application will not be processed if reference addresses are incomplete.

Name (Title) _____ Name (Title) _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Relation _____ Relation _____

Note: The reference forms enclosed in this packet will be mailed **by the district** - these are not to be distributed by the applicant. Volunteer signature is required on the attached reference forms.

FOR OFFICE USE

Date Rcvd _____ WSP Completed _____

Ref. 1 Rtn _____ Ref. 2 Rtn _____

Processed by Employee _____

School _____

Note _____

Current occupation/employer _____

Education/training _____

Hobbies/interest/skills _____

Do you speak a language other than English? Yes ___ No ___ Please specify language _____

Reason for volunteering (college credit, specific event) _____

To promote partnerships in education, please indicate if your employer supports this endeavor. Yes ___ No ___

If yes, in what capacity? Release time _____ Funding _____ In-kind donations _____ Other _____

Applicant Disclosure Form

Pursuant to RCW 43.43.834

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 Mount Vernon 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.

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 no contest, an Alford plea, stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution.

Answer _____ 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 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.

Answer: _____ If YES, PLEASE EXPLAIN: _____

3. Are you **presently** charged with, but not convicted of, a crime?

Answer: _____ If YES, PLEASE EXPLAIN: _____

Any misrepresentation or omission of facts shall be sufficient cause for rescission of an offer to volunteer.

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.

Applicant Signature: _____ Date: _____

The Mount Vernon School District #320 complies with all state and federal rules and regulations and does not discriminate on the basis of age, religion, sex, marital status, sexual orientation, race, creed, color, national origin, families with children, honorably discharged veteran or military status, or 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. Inquiries regarding compliance may be directed to: William Nutting, Executive Director, Mount Vernon School District #320, Title IX Officer and Section 504 Officer, 124 E. Lawrence Street, Mount Vernon, WA (360) 428-6110.

Volunteer Reference

FOR OFFICE USE

Date Sent _____ Date Returned _____
Processed by Employee _____
School _____
Note _____

Directions to Applicant

Please sign and date this section. Return this form (two copies) with the application packet. Reference forms will be sent by the district to the references you specify on the volunteer application form.

Applicant Release: I give my permission for the Mount Vernon School District to request the following information.

Applicant Name Printed

Date Signed

Applicant Signature

Directions to Reference

The intent of this form is to provide a confidential reference for the volunteer applicant named above. Background checks for all volunteers help to safeguard children and strengthen public confidence in the integrity of public education. You should receive this form in a sealed envelope and return it in the same manner. Thank you for taking the time to complete this reference form.

How long have you known the applicant? _____

How well and in what capacity have you known the applicant? _____

How do you see this applicant working with students in grade Kindergarten through twelve? _____

This position may require the applicant to work in a classroom. How do you perceive the applicant working under the direction of a teacher? _____

Do you have any concerns about this person's ability to work with children? _____

Comments that will help us determine applicant suitability? _____

Reference Name Printed

Reference Signature

Date Signed

Telephone

Volunteer Reference

FOR OFFICE USE

Date Sent _____ Date Returned _____
Processed by Employee _____
School _____
Note _____

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Reference Name Printed _____

Reference Signature _____

Date Signed _____

Telephone _____

WASHINGTON STATE PATROL
IDENTIFICATION AND CRIMINAL HISTORY SECTION
PO BOX 42633
OLYMPIA WA 98504-2633

FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL AT:
PHONE: (360) 534-2000
E-MAIL: crimhis@wsp.wa.gov
WSP WEB SITE: <http://www.wsp.wa.gov>

Washington State conviction criminal history record information is available on the Internet using WATCH (Washington Access to Criminal History). You may use an account established by mail or conduct a search using a credit card (Discover, American Express, Visa, or MasterCard). An account application can be printed by accessing WATCH "HELP" files on the Internet. A \$10 fee is charged for each name and date of birth search, regardless of the outcome.

WATCH WEB SITE: <https://watch.wsp.wa.gov>

CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses, organizations, or individuals. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. *Searches can be conducted only on prospective employees, volunteers, or adoptive parents.*

Background checks can be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment or engagement decisions only.

Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW 10.97

2. *Applicants must be notified an inquiry may be made.*

A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer that an inquiry may be made.

3. *A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.*

A business or organization shall require each applicant to disclose whether the applicant has been:

- (a) convicted of any crime;
- (b) had findings made against him or her in any civil adjudicative proceeding;
- (c) has both a conviction and findings made against him or her.

4. *Applicants must be notified of the response.*

The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.