



SPS Volunteer Application Packet Cover Sheet

Applicant Name	
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Thank you for your interest in volunteering with Seattle Public Schools!

We value the contributions made to school programs through volunteer service and are grateful to parents and other community members for supporting our students. Before your volunteer service begins, please complete the following:

- Fill out pages 2-4 of this application packet, complete the check list below and attach copies of requested documents.
- Complete the Adult Sexual Misconduct Prevention course and review the Volunteer Hand Book (links below).
- Bring your packet to the site coordinator who may also instruct you to complete a national background check.

ON-BOARDING CHECK LIST: Please use white fields. SPS designee completes gray fields.

	Frequency	Staff Initials
<input type="checkbox"/> Did you include a copy of a government photo ID? This copy will be shredded after your background check process is complete.	Annually	
<input type="checkbox"/> Did you initial and sign legal agreements on page 3? Please check in with staff if you have any questions about this important section.	Annually	
<input type="checkbox"/> Did you complete the Adult Sexual Misconduct Prevention course? If so, please attach a copy of the certificate or let us know what year you completed the course: _____. The course is available at http://www.seattleschools.org/asmvolunteer	Once	
<input type="checkbox"/> Did you review the Volunteer Handbook? You can ask staff to let you review the office copy onsite or go to http://www.seattleschools.org/volunteerhandbook		
<p>SPS is committed to providing students with a safe educational environment. This includes ensuring every volunteer and staff member completes a criminal background check. Volunteer applicants who have lived in our state for the past three years can be screened using a free state database by SPS staff. Applicants who are newer to our state, or will spend regularly scheduled time with students with no other unrelated adults present, must go through a one-time \$31 U.S.-wide background check*. If you do not have a debit/credit card or access to the internet, or are unable to pay the fee, please notify staff so we can assist.</p> <p style="text-align: right; font-size: small;">* Please see website for additional information about this fee.</p>		
<input type="checkbox"/> If you've lived in WA State for the past 3 years, does your photo ID prove it? If not, did you include a different proof? (e.g. property tax statement or rental agreement, tax records, school records, utility bill)		
<input type="checkbox"/> Did you disclose all past arrests and criminal charges? Due to risk management restrictions, SPS is unable to approve applicants who don't disclose all criminal history. Criminal records on your background check will not automatically disqualify your application though may add restrict your roles (e.g. driving)		
SPS designee below this line only:		
<input type="checkbox"/> Did you verify the applicant's identity in person using a government-issued photo ID?	Annually	
<input type="checkbox"/> Was the background check clearance performed? Circle one: WATCH VV	Annually	
Volunteer Approver Name/Title (Print)	Volunteer Site Approver Signature	Date



SPS Volunteer Application-Screening-Disclosure Form (pg. 2 of 4)

To be completed by applicant and to be approved by the building administrator or program manager

Volunteer Site: _____

VOLUNTEER GENERAL INFO

Name (First, Last): _____ Date of Birth (mm/dd/yyyy) _____

Aliases/Maiden Name: _____ Gender: _____

Address: _____ City, State, Zip: _____

How long have you lived in Washington State? Record years of current continuous residency. _____

Primary Phone: _____ Email: _____

Relationship to SPS Parent/Guardian Relative Community Other: _____

If you have a student at the school please specify their name: _____

Do you require any special accommodations in a work environment? No Yes, please describe below: _____

Please note, application processing can take up to three weeks (e.g. if you have a common name or lived outside Washington State).

VOLUNTEER EMERGENCY INFORMATION

Emergency Contact Name:	_____	Relationship:	_____
Emergency Contact Phone:	_____	Email:	_____
Your Doctor's Name:	_____	Dr. Contact #:	_____

VOLUNTEER PERSONAL OR PROFESSIONAL REFERENCES

References will be used as need in the background clearance process. Please share at least 1 personal references.

Reference First/Last Name: _____	Contact Phone _____	Relationship to volunteer _____
Reference First/Last Name: _____	Contact Phone _____	Relationship to volunteer _____

TYPE OF VOLUNTEER OPPORTUNITY AND AVAILABILITY

Best Days:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Other: _____
Best Time:	_____	_____	_____	_____	_____	_____

VOLUNTEER AREA OF INTEREST

<input type="checkbox"/>	Student Enrichment Support <input type="checkbox"/> 1 to 1 <input type="checkbox"/> Small Group <input type="checkbox"/> Classroom Assistance <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Drama <input type="checkbox"/> Arts/Crafts <input type="checkbox"/> Music <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	Administrative/Clerical/Non-Academic Support <input type="checkbox"/> Lunch/Playground Supervision <input type="checkbox"/> Office/Library Support <input type="checkbox"/> Classroom Support <input type="checkbox"/> Other, specify: _____
Athletic coaches Do not use this form. Complete an online application at http://bit.ly/spscoach	
<input type="checkbox"/>	Field Trip Volunteer <input type="checkbox"/> Chaperone (for overnight trips, please also complete Chaperone Check List) <input type="checkbox"/> Driver (please also complete Driver Check List)
<input type="checkbox"/>	Other (specific project or department help, or is there a special skill or talent you would like to share), please specify: _____

<< PLEASE COMPLETE NEXT 2 PAGES OF THIS FORM >>

Please submit this completed form to your site volunteer coordinator. Thank you for your service! Updated: 10/2/17



SPS Volunteer Application-Screening-Disclosure Form (pg. 3 of 4)

To be completed by applicant and to be approved by the building administrator or program manager

Volunteer Site: _____

PLEASE READ & INITIAL EACH STATEMENT BELOW

Safety and Liability (please initial each statement after you read it)

_____ As the relationship with a student progresses, student will likely begin to trust and confide in you. You should take time to listen and show them that you care. It is best practice to avoid making promises and make sure to report to staff any behaviors or communications that concern you.

_____ Personal information about yourself should be shared only as it is relevant to the work you are doing with the student. Do not give any personal contact information to student, including your social media contact information.

_____ Some students, typically at elementary level, will naturally become attached and show affection. Handle the situation with sensitivity. Front hugs are NOT allowed. Instead, carefully put your arm around a child's shoulder and turn it into a side hug or give "high fives." Students should never sit on your lap regardless of age.

Working with Children from Diverse Backgrounds (please initial each statement after you read it)

_____ Students in Seattle Public Schools come from many different families, cultures, and communities--each with its own set of values and beliefs. Be mindful of different cultural norms that every student has. Understanding the students' cultures and helping students' to understand the school culture will increase their ability to learn. Please do not impose your personal values and belief onto the students.

Confidentiality (please initial each statement after you read it)

_____ Students in Seattle Public Schools have the right to expect that information about them will be kept confidential by all volunteers. Additionally, all information contained within a student's educational record is considered confidential and protected by a federal law, the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. Section 1232g. Volunteers are expected to maintain student confidentiality.

_____ Each student you work with has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized school department employees, as designated by the administrators at your volunteer site.

_____ You may NOT share information about a student with anyone, including your best friend, significant other, or individuals who are genuinely interested in the student's welfare, such as social workers, scout leaders, clergy, grandparents, or nurses/physicians. Thus, you must refer all such questions to authorized school employees, typically the student's teacher or principal.

_____ Information about a student may be communicated to school staff and school administration. Information shall be communicated immediately if it is a medical emergency OR if a student shares information that indicates a threat of imminent physical injury to the student or others.

_____ Before you speak about a student to another person, remember that violating a student's confidentiality is not only impolite; it's also against the law.

Volunteer Agreement

I (print name), _____, will take the above statements (and the remaining guideline in the Volunteer Handbook) into consideration during and after my time as a volunteer for SPS. I acknowledge that I have been made aware of where to find the Volunteer Handbook for future reference and to whom I can speak to regarding any questions or concerns I may have. I also acknowledge that I will need to review the Online Adult Sexual Misconduct Video AND meet criteria for background check clearance prior to volunteering with SPS students. In addition, while volunteering, I understand that my photo could be used in a SPS publication unless I opt out with the site coordinator. I understand that volunteering at a school or in a program with students is a privilege and that the Principal or Program Manager can terminate my eligibility to volunteer.

Volunteer Name (Print)

Volunteer Applicant Signature

Date



SPS Volunteer Application-Screening-Disclosure Form (pg. 4 of 4)

To be completed by applicant and to be approved by the building administrator or program manager

Volunteer Site: _____

Request for Criminal History Information

in accordance with Child/Adult Abuse Information Act (RCW 43.43.830 through 43.43.845)

The Washington State Legislature has helped us assure security for children by allowing background checks on all people who work with children in schools and in accordance with Chapter 43.43 RCW, prospective volunteers are required to complete this disclosure form. Seattle Public Schools care about our students and therefore we support this requirement and work to ensure all volunteers complete this form and undergo a background check each school year prior to beginning as an active volunteer.

Prospective volunteers are required to complete the disclosure questions below by answering YES or NO to EACH.

If the answer is YES to any question, please explain in the area below as much detail as possible including the charge/ finding, date and the court(s) involved. Please use the next page to add any additional info (you can also attach an additional page if needed).

Your volunteer role and residency history determine background check type we will perform and if a screening fee is required.

1	Have you been arrested or convicted for any crimes?	<input type="checkbox"/> No <input type="checkbox"/> Yes, <i>explain:</i>
2	Have you been found in any dependency action under Chapter 13.34 RCW to have sexually assaulted or exploited any minor or to have physically abused any minor?	<input type="checkbox"/> No <input type="checkbox"/> Yes, <i>explain:</i>
3	Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually assaulted or exploited any minor or to have physically abused any minor?	<input type="checkbox"/> No <input type="checkbox"/> Yes, <i>explain:</i>
4	Have you been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?	<input type="checkbox"/> No <input type="checkbox"/> Yes, <i>explain:</i>
5	Other than any matter above, is there any other fact or circumstance involving you and your background that would call into question you being entrusted with the supervision, guidance and care of young people, vulnerable adults or developmentally disabled persons?	<input type="checkbox"/> No <input type="checkbox"/> Yes, <i>explain:</i>

I have read the information contained in this application. 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. I authorize Seattle School District No. 1 to conduct a background check and to obtain any and all information needed to process my volunteer application. I further authorize any person contacted by the Seattle School District to provide information to the Seattle School District about my volunteer application. I understand that information from others will not be made available to me. I hereby release and hold harmless Seattle School District No. 1 and all references from any and all liability in obtaining or disclosing such information about my background. I understand that the District may, at its discretion, exclude me from volunteering for any reason, including any misleading or incomplete statements on this application.

I understand that the failure to answer any question truthfully will automatically disqualify you from volunteer and employment opportunities with Seattle Public Schools.

Volunteer Name (Print)

Volunteer Applicant Signature

Date

Please submit this completed form to your site volunteer coordinator. Thank you for your service! Updated: 10/2/17