

SEATTLE
PUBLIC
SCHOOLS

SPS Volunteer Application-Screening-Disclosure Form (pg. 1 of 4)

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

Volunteer Site: Bryant Elementary School 2016-2017 school year

VOLUNTEER GENERAL INFO

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

Aliases/Maiden Name: _____ Gender: _____

Address: _____ City, State, Zip: _____

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: _____

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"/> Other: _____ <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: _____
<input type="checkbox"/>	Athletics (additional action may be required prior to volunteering) <input type="checkbox"/> Coaches of athletic middle and high school <input type="checkbox"/> Other Athletic Team Support, specify: _____
<input type="checkbox"/>	Field Trip Chaperone*, Please Specify Type → <input type="checkbox"/> Day trip <input type="checkbox"/> Overnight trip* Date/Time: _____ Location: _____ Staff Contact Name: _____
<input type="checkbox"/>	Other (If there a classroom, project, department or a special skill or talent you would like to share), please specify: _____

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



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: Bryant Elementary School 2016-2017 school year

Volunteer Agreement Please initial on each line **Safety and Liability**

_____ 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

_____ 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

_____ 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

Please submit this completed form to your site volunteer coordinator. Thank you for your service!

Updated: 7/2016



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: Bryant Elementary School 2016-2017 school year

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).

**Please note that volunteer coaches, overnight chaperones, and other volunteers who might be alone with students may need to undergo further background check through the FBI or other approved SPS background checking systems.*

1)	Have you been arrested or convicted for any crimes?	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain:
3)	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, explain:
4)	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, explain:
5)	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, explain:
6)	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, explain:

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: 7/2016



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: Bryant Elementary School 2016-2017 school year

Student's Name: _____ Teacher: _____

Student's Name: _____ Teacher: _____

Student's Name: _____ Teacher: _____

To complete your District volunteer requirements, you'll need to do the following:

1. Complete the Volunteer Application-Screening-Disclosure Form (p.1-4) annually (school year)
2. Provide a copy of valid photo ID*
3. Review the on-line Volunteer Handbook
4. Review the Volunteer Policy #5630
5. Complete the on-line Adult Sexual Misconduct Prevention course (one time) ** (17 minutes) send a screen shot of ASM certificate or make a copy)

Links to all the forms and video course: bryantschool.org/category/about-bryant/volunteering-at-bryant/

*Only submit a copy of your valid photo ID if it has expired since the last time you submitted a screening form

(additional note section)

>>>>>>> VOLUNTEER SITE OFFICIAL USE ONLY <<<<<<<<

Volunteer Clearance Item	Date	Initials	Specify/Notes
<input type="checkbox"/> Volunteer Form 1-4 Completed			
<input type="checkbox"/> ID Verification (Driver's Lic. or other ID with Name & DOB)			
<input type="checkbox"/> Volunteer Handbook or Handbook Link Provided			
<input type="checkbox"/> ASM Video Completed			
<input type="checkbox"/> WATCH or Other Background Check clearance specify type:			

Volunteer Approver Name/Title (Print) _____ Volunteer Site Approver Signature _____ Date _____

Please submit this completed form to your site volunteer coordinator. Thank you for your service!