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 2017-2018

VOLUNTEER GENERAL INFO

| Name (First, Last): | Date of Birth (mm/dd/yyyy) | | | | | | | |
|---|---------------------------------------|---------------------------------|-------------------------------|--|--|--|--|--|
| Aliases/Maiden Name: | | | Gender: | | | | | |
| Address: | | City, State, Zi |): | | | | | |
| Primary Phone: | Email: | | | | | | | |
| Relationship to SPS | | | | | | | | |
| If you have a student at the school please specify their name: | | | | | | | | |
| Do you require any special accommodations in a work environment? DNO DYes, please describe below: | | | | | | | | |
| | VOLUNTEER EMERGI | | DN | | | | | |
| 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 Best Days: Description | OF VOLUNTEER OPPOR | RTUNITY AND AVA | | | | | | |
| Best Time: | | | | | | | | |
| | VOLUNTEER ARE | EA OF INTEREST | | | | | | |
| Student Enrichment Support → □1 to 1 □Small Group □Classroom Assistance □Other: □Math □Reading □Writing □Drama □Arts/Crafts □Music □Other, specify: | | | | | | | | |
| Administrative/Clerical/Non Academic Support | | | | | | | | |
| Athletics (additional action may be required prior to volunteering) | | | | | | | | |
| Field Trip Chaperone | e*, Please Specify Type $ ightarrow$ | Day trip □O | vernight trip* | | | | | |
| Date/Time: | Location: | Staff Conta | act Name: | | | | | |
| Other (If there a classroo | m, project, department or a specia | l skill or talent you would lil | ke to share), please specify: | | | | | |

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



Bryant Elementary School 2017-2018 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, vou 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

, will take the above statements (and the remaining guideline in the Volunteer I (print name), 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

<u>SPS Volunteer Application-Screening-Disclosure Form (pg. 3 of 4)</u>



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

Volunteer Site: Bryant Elementary School 2017-2018

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? | □No □Yes, explain: |
|---|--|---------------------------|
| | | |
| | | |
| | | |
| 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? | □No □Yes, explain: |
| | | |
| 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? | □No □Yes, explain: |
| | | |
| 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? | □No □Yes, explain: |
| | | |
| 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? | □No □Yes, explain: |
| | | |
| | | |
| 6 | How many years have you lived in WA State? | Specify: |

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

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 2017-2018 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 Clearance Item | | Initials | Specify/Notes | | |
| Volunteer Form 1-4 Completed | | | | | |
| D Verification (Driver's Lic. or other ID with Name & DOB) | | | | | |
| Uolunteer Handbook or Handbook Link Provided | | | | | |
| ASM Video Completed | | | | | |
| WATCH or Other Background Check clearance specify type: | | | | | |

Volunteer Approver Name/Title (Print)

Volunteer Site Approver Signature

Date