

Welcome to WOODMOOR ELEMENTARY

If you are planning to volunteer in your child's classroom or attend/drive on field trips the attached forms must be completed and returned to your child's classroom or the office as soon as possible. You are also required to provide photo identification.

Driving on field trips requires the completion of the "Authorization for use of Private Automobile" form along with a copy of your current insurance card.

Washington State Patrol Form

Sections C and D must be completed, no thumbprint is necessary.

Volunteer Disclosure Form

Answer questions 1 through 7, sign and date document.

The front page of the Volunteer Application Form, (the back page is for students and community members only.)

Authorization for use of Private Automobile Form

Fill out this form completely and attach a copy of your current Vehicle Insurance Identification Card and Driver License.

PHOTO ID MUST BE PROVIDED BY ALL VOLUNTEERS

New policy requires applicants to receive a copy of the new Volunteer Handbook.

The Volunteer Handbook can be accessed through the Northshore web site at www.nsd.org.

Click on Business & Volunteers, Community and Business, Volunteering in Schools, Overview, Volunteer Handbook and download.

Please provide an updated e-mail address where the results of your WSP report can be sent should there be any issues.

Thank you — if you have questions contact Julie at (425) 408-5604



Northshore
School District

Communications

VOLUNTEER APPLICATION

Thank you for your interest in volunteering in the Northshore School District.

The Volunteer Application, Volunteer Disclosure, and State Patrol Request for Criminal History Information forms must be completed before service can begin. Please complete all three forms and return them to: for parents, guardians or other family members — the child's school; for all others — Northshore School District, Attn: Volunteer Coordinator, 3330 Monte Villa Parkway, Bothell, WA 98021. Please attach a copy of your driver's license or other valid photo identification.

SECTION 1 (for ALL Volunteers):

Please check one. I am a: parent/guardian/family member community member student
Full Legal Name _____ M F Date of Birth _____
Address _____ City & Zip _____
Telephone (home) _____ Telephone (cell) _____
Email _____ Telephone (work) _____
In case of emergency, notify _____ Telephone _____

SECTION 2 (for Parents/Guardians or Other Family Members ONLY):

Child/Children's School(s) _____
Child/Children's Names & Grades(s) _____
Reason for Volunteering _____
Please list any Northshore school where you currently volunteer _____

SECTION 3 (for ALL Volunteers):

Please read the following and sign and date below.

NOTE: Volunteers will be provided with a copy of their Washington State Patrol Access to Criminal History (WATCH) report. Parents will be emailed their results within ten (10) days of completing the background check. Be sure to include your email address in Section 1 above. Questions regarding the information contained in the report should be addressed to the Identification & Criminal History Section of the Washington State Patrol at 360.534.2000.

All information in this application is accurate to the best of my knowledge. I have received and read the Northshore School District Volunteer Handbook. I understand the information in the handbook and agree to comply with its guidelines. As a condition of volunteering for the Northshore School District, I accept and assume the risks of personal injury or property damage that may result from my volunteer experience, including but not limited to any activity while volunteering on school property. I hereby agree to waive any and all claims arising out of any such injury or damage. I also agree to respect the confidentiality of all information concerning students, staff, or other participants with whom I work. I have signed the attached disclosure form and completed the Washington State Patrol Form.

Signature _____ Date _____

Please Print Name _____

Students and Community Members ONLY: Please also complete the other side. →

SECTION 4 (for Students and Community Members ONLY):

Current occupation and employer _____

Previous work with children _____

Previous volunteer experience _____

Education/Training _____

Reason for volunteering _____

Please check when you are available to volunteer and the specific times.

once a week once a month one time only _____

Monday Tuesday Wednesday Thursday Friday

Morning					
Afternoon					

Hours Available Per Day _____ Date you can begin _____ Can you volunteer for the entire school year? _____

Grade Level Preferences

Grade Level: Preschool Elementary School Junior High School High School
 (please circle) P K 1 2 3 4 5 6 7 8 9 10 11 12

School where I prefer to volunteer _____ No Preference

- Interests:**
- reading
 - math
 - phone work
 - publishing
 - science
 - helping with bulletin boards
 - writing
 - computers
 - classroom
 - library
 - art
 - students with disabilities
 - field trip driver*
 - athletics
 - limited/non-English students
 - other _____
 - languages spoken _____
 - special skills _____

* volunteers who drive on field trips must contact the school office, complete the "Authorization for Use of Private Automobile" form, and provide proof of insurance

If we need additional information, please provide references (non-relative) whom we can contact and their relationship to you.

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Telephone _____

Telephone _____

Relationship _____

Relationship _____

2011 Northshore School District No. 417



Community Relations

Volunteer Disclosure Form

Washington State Law requires that all prospective school district volunteers who may have unsupervised access to children under sixteen years, developmentally disabled persons, or vulnerable adults complete and sign this disclosure statement. The law also provides that the District may request a background investigation through the Washington State Patrol.

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, and the court(s) involved.

- 1. Have you ever been convicted of any crimes, either as an adult or a juvenile, against children or other persons as listed? Aggravated murder; first or second-degree murder; first or second-degree kidnapping; first, second, or third-degree assault; first, second, or third-degree assault of a child; first, second, or third-degree rape; first, second, or third-degree rape of a child; first or second-degree robbery; first-degree arson; first-degree burglary; first or second-degree manslaughter; first or second-degree extortion; indecent liberties; incest; vehicular homicide; first-degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second-degree criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second-degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third-degree child molestation; first or second-degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child-buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future? Yes [] No [] If yes, explain charge /finding, date, court(s) _____
- 2. Have you been found in any dependency action under RCW 13.34.030 to have sexually abused or exploited any minor or to have physically abused any minor? Yes [] No [] If yes, explain charge /finding, date, court(s) _____
- 3. Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? Yes [] No [] If yes, explain charge /finding, date, court(s) _____
- 4. Have you ever been found in any disciplinary board decision, or by the director of the department of health in the following business or professions (chiropractic, dentistry, dental hygiene, massage, midwifery, naturopathy, osteopathy, physical therapy, physicians, practical or registered nursing, psychology, real estate broker, and salesperson) to have sexually abused any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult? Yes [] No [] If yes, explain charge /finding, date, court(s) _____
- 5. Have you ever been found by a court in any protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult? Yes [] No [] If yes, explain charge /finding, date, court(s) _____
- 6. Have you ever been convicted of any crimes relating to financial exploitation as defined in RCW 43.43.830 (7) as amended and listed as follows: first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed? Yes [] No [] If yes, explain the charge /finding, date, court(s) _____
- 7. Have you ever been convicted of any crime relating to drugs as defined in RCW 43.43.830 (6) and listed as follows: manufacture, deliver, or possession with intent to manufacture or deliver a controlled substance? Yes [] No [] If yes, explain the charge /finding, date, court(s) _____

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

Signature _____ Date _____

Printed Name _____ Place (city) Where Signed _____

(An inquiry to the Washington State Patrol and/or state and federal law enforcement agency will be made for the selected applicant)

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

<p>A REQUESTING AGENCY/ADDRESS Northshore School District Agency</p> <p>Attn _____</p> <p>3330 Monte Villa Parkway Address</p> <p>Bothell, WA 98021 City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p><i>Karen Orsinger</i> Authorized Signature _____ Date _____</p> <p>Partnerships Coord. (425) 408.7673 Title Area Code/Phone Number</p>	<p>B PURPOSE Check appropriate box</p> <p><input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request (available by mail only). There is an additional \$10.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
--	--

C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Northshore School District
Requesting Agency

Applicant's Signature _____

Applicant's Name _____

Parent/Guardian's Signature _____

Parent/Guardian's Name _____

Applicant Right Thumb Print (Optional)

NOTE: Complete Section C and sign Section D. Those under the age of 18 must sign the form and have a parent/ guardian sign as well. Return to appropriate office as indicated on the Northshore School District Volunteer Application form.



District Form

AUTHORIZATION FOR USE OF PRIVATE AUTOMOBILE
(Please complete all parts prior to use of the private auto)

School _____ School Year _____

VEHICLE REGISTERED OWNER'S PERMISSION

I, _____, hereby give permission to use my vehicle for transporting students on field trips for the _____ school year.

I also certify that the vehicle and the below-named driver is insured for the following limits of liability:

- State minimum coverage only: Yes No
- State of Washington Minimum Liability Limits:
 Bodily Injury: Per Person \$25,000 Per Occurrence \$50,000 Property Damage \$10,000

Please attach a copy of Vehicle Insurance Identification Card: Expiration Date _____

Year and Make of Car _____ License No. _____

Date Signature of Owner

DRIVER'S DECLARATION

I, _____, meet the following requirements:

- I have at least 5 years driving experience
- I have a valid Washington State Driver's License
- I have completed the screening forms for volunteers (i.e., Volunteer Disclosure, Washington State Patrol background check)

Date Signature of Driver

SCHOOL DISTRICT AUTHORIZATION

I, _____ (*Signature of Principal/Assistant Principal or Activity Coordinator*) authorize the above-named driver and vehicle to be used for the purpose of transporting students on field trips.

(THIS FORM TO BE RETAINED AT SCHOOL)