

OLYMPIA PUBLIC SCHOOLS

2017-18 GENERAL VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY AND FILL OUT FORM COMPLETELY (* - INDICATES REQUIRED FIELDS)

NOTE: New application is required every year. We encourage anyone, including OSD employees, who might volunteer in our schools to fill this out! This includes PTAs, Booster Clubs and Field Days. Thank you for helping us keep our students safe and records accurate.

LIST SCHOOL(S) WHERE YOU WANT TO VOLUNTEER: _____

HAVE YOU VOLUNTEERED IN A PREVIOUS YEAR?: YES: _____ NO: _____

*Only 1 application is needed for each volunteer – please do **not** fill out multiple forms for each school!*

SECTION 1: VOLUNTEER PERSONAL INFORMATION -ADULT-

*NAME: _____
FIRST MIDDLE INITIAL LAST

*LIST BIRTH NAME AND ALL LAST NAMES: _____ *DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL: _____ DRIVERS LIC #: _____ STATE: _____

INSURANCE COMPANY & POLICY NUMBER (IF DRIVING STUDENTS): _____

YOUR EMERGENCY CONTACT: _____ PHONE: _____

VOLUNTEER CATEGORY (Check one)

Parent Relative Guardian Community Member Host Family

SECTION 2: YOUR STUDENT INFORMATION -CHILD-

DO YOU HAVE CHILDREN IN OLYMPIA PUBLIC SCHOOLS: YES NO

IF YES COMPLETE SECTION BELOW

PLEASE LIST ALL CHILDREN WHO ARE ENROLLED IN OLYMPIA PUBLIC SCHOOLS:

STUDENT NAME	SCHOOL	GRADE	TEACHER

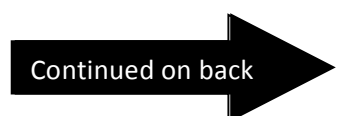
Please initial if you have read the *Volunteer Information Guide* _____

SECTION 3: VOLUNTEER OPPORTUNITIES

HOW WOULD YOU LIKE TO VOLUNTEER? (Check all that apply) FIELD TRIPS BOOSTER CLUB PTA/PTO

CLASSROOM OFFICE SUPPORT MENTORING TUTORING/LEARNING SUPPORT SCHOOL EVENTS

OTHER (Please indicate area of interest) _____



NOTICE: YOU MUST COMPLETE THE REQUIRED CRIMINAL HISTORY AND WA STATE PATROL CHECK!

SECTION 4: APPLICANT DISCLOSURE – pursuant to RCW 43.43.830

- YES NO / Have you ever been convicted of a crime relating to DUI or drugs?
- YES NO / Have you ever been convicted of ANY crime? (Convicted includes ALL instances in which a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, or stipulation to the facts is the basis of conviction and/or all proceedings in which prosecution has been deferred or a sentence has been suspended or deferred.)
- YES NO / Have you ever been convicted of a crime relating to abuse, neglect, sexual abuse, exploitation or physical abuse?
- YES NO / Have you ever been convicted of a crime relating to financial exploitation, including extortion, theft, robbery or forgery?
- YES NO / Do you currently have any outstanding criminal charges or warrants against you in WA or in any other state or country?
- YES NO / Have you ever been convicted of domestic violence or assault?
- YES NO / Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a 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.)

***REQUIRED INFORMATION FOR WSP BACKGROUND CHECK:** Male Female Race _____



IMPORTANT: If you have answered **YES** to any of the questions above, **please attach a supplemental sheet with a brief explanation of the convictions** and send in a sealed envelope to the address below or email it to jbremgartner@osd.wednet.edu. You will not be considered for volunteer placement until interviewed and approved by Olympia School District. **Please check here if your explanation is already on file at the district office** _____.

SECTION 5: WASHINGTON STATE PATROL CHECK & DECLARATION

Olympia School District (OSD) conducts a multi-state background check on all volunteers. All volunteers **must** be cleared through the Washington State Patrol Criminal History (WATCH) program. By signing this application, you are granting OSD permission to conduct the background check. *If you do not sign below, we cannot process your request and you will be unable to volunteer.* WSP results are available upon request.

- I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, and/or failure to notify OSD if disclosure information provided changes, can be grounds for denial of volunteer placement or continued volunteer service.*
- I also understand this time is spent in a volunteer capacity only. Employees of Olympia Public Schools may not, as volunteers, perform the type of services they are employed to perform by the district. (Fair Labor Standards Act)*
- I certify under penalty of perjury of the laws of the state of Washington that the information I provided above is true and correct.*

***SIGNATURE:** _____

***DATE:** _____



Please return this form to your school or the district office at:
Olympia School District – Human Resources
1113 Legion Way SE, Olympia WA 98501
360-596-6185



CODE OF CONDUCT FOR VOLUNTEERS

Thank you for your interest in volunteering in Olympia Public Schools. This information is provided for your safety as well as for the protection of the children with whom you will be working. Please review it carefully and ask any questions that may arise. We want the time you spend volunteering in a Olympia school to be a positive experience for all.

Relationships: For the protection of all, the relationship between you and all students with whom volunteer must be kept appropriate at all times. Continuing your volunteer relationship through out-of-school contact, such as phone calls, home visits, or invitations to your home, social events, office, vehicle, or activities is not permitted. This prohibition, of course, would not restrict out-of-school contact with students who are family friends or known to you through other community contacts.

Appropriate touching: Handshakes, "high five's", an arm or hug around a shoulder are the only safe and friendly ways to touch a child when you are volunteering. For some children, or for some cultures, even these gestures may be unwelcome. No child should be subject to unwelcome touching no matter how well intended. If a child ever inappropriately touches you, please inform a staff member right away.

Communication: You are a role model. Your conversations with students and staff should demonstrate respect for others and avoid language that may be perceived as discriminatory, profane, sexist, or offensive. No student or staff person should ever be treated differently, spoken to disrespectfully or denied services on the basis of sex, race, religion, disability, age, creed, color, national origin, sexual orientation, or marital status. In addition, school personnel or volunteers cannot encourage or promote religious beliefs by class activities, comments or invitations to their place of worship.

Confidentiality: As a volunteer, you must respect and maintain confidentiality in regard to personal information obtained regarding a child or his/her family with certain exceptions. Reasonable suspicion of abuse, neglect, sexual abuse, illegal or dangerous activities should be shared with staff. Be assured they will follow up on the information.

Discipline: Any discipline of a student should be left up to a staff member. Physical punishment is never permitted.

School safety plan: In the event of an emergency while you are on site (fire, earthquake etc.) you need to be familiar with the Safety Plan of the building in which you volunteer. Each school will provide their Safety Plan to volunteers at orientation and training sessions.

Check in/out: All visitors, including volunteers, are required to sign in at the main office in the school and wear an identification badge while on campus.

Volunteer orientation & training: Volunteers may receive orientation to general building procedures, including an understanding of school policies, rules, and expectations; a tour of the campus; and instructions on what to do in the event of an emergency while you are on site. Specific training for the program you will be working in and instructions on how you will communicate with the assigned staff member should also be provided.

I have read and understand the code of conduct required for all volunteers in the Olympia School District:

Name (Printed) _____

Signature: _____

Date: _____



CONFIDENTIALITY STATEMENT FOR VOLUNTEERS

We are pleased you are interested in volunteering in the Olympia School District. As you take on this very important role, we want to provide information to you related to confidentiality so that each person who works in our school will understand the importance of this issue and the privacy rights of our students and staff.

Volunteers observe students working at different levels and with different needs and challenges. Some students need extra support in academic areas, some will need help in solving problems and others will need help making appropriate behavior choices. These areas of support might be observed while helping students with academic learning or while in the hall, cafeteria, on the playground or other common areas of the school. Anytime you notice conflicts or difficulties that are not resolved by the students, please make sure a staff member is informed promptly. Please make sure any conversations that take place with a staff member related to a specific student's or group of students' needs are done privately (out of earshot of all students and other adults). Please understand that teachers are not free to discuss other students with you.

We appreciate it when volunteers report any such incidents or concerns to us and we also request that volunteers not speak of such incidents or concerns with anyone after having left the school. In this way, we can protect the privacy of all children at our schools. This is expected of all staff members within our schools and we must require it of all volunteers as well. There can be no tolerance for violations of confidentiality. Continued volunteering is contingent upon respecting this request.

If you do have questions related to confidentiality please do not hesitate to ask a school staff member.

Please complete this form and return it to the school office along with all other requested volunteer application materials. Thank you.

I have read and understand the confidentiality requirements required for all volunteers in the Olympia School District:

Name (Printed) _____

Signature: _____

Date: _____