

# Lake Washington School District

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## Volunteer Application Instructions 2017-2018

Thank you for your willingness to volunteer in Lake Washington School District. To ensure the safety of our students and staff, you **MUST** complete this application packet and be **APPROVED** by the Communications Office **BEFORE** you can begin your volunteer assignment.

Here is some information on how to complete the volunteer application packet:

**1. Read the Volunteer Handbook thoroughly.** The Volunteer Handbook ([http://www.lwsd.org/uploaded/Website/About\\_Us/Forms\\_Library/Volunteering/Volunteer-Handbook.pdf](http://www.lwsd.org/uploaded/Website/About_Us/Forms_Library/Volunteering/Volunteer-Handbook.pdf)) is available in the school office or on the district website.

### **2. Volunteer Application**

1. *Page one provides basic information about you and your volunteer interests.*
2. *Pages two and three provide information about any past or current criminal or civil offenses. It also gives permission for the district to conduct the background check through the Washington State Patrol.*
  - Please answer each question completely and truthfully. Add an extra sheet of paper if necessary.
  - Remember to sign and date at the bottom of the page to indicate that all the information on your form is accurate and that you have read, understood, and agreed to the guidelines included in the handbook.

### **3. Review Your Forms**

Double-check to make sure you have filled out each form completely and that you have signed and dated all forms in the packet.

### **4. Provide a Copy of Driver's License**

Attach one copy of your current driver's license, or other photo identification that includes your legal name and date of birth. This helps to verify identity during the background check.

Thank you for your interest in volunteering in Lake Washington schools!

Please return all completed forms to the school in which you would like to volunteer, or email to [volunteers@lwsd.org](mailto:volunteers@lwsd.org), or mail to: Volunteer Office, Lake Washington School District, P.O. Box 97039, Redmond, WA 98073. Please attach one copy of your driver's license or other valid photo ID. If you have any questions, contact the Volunteer Coordinator at 425-936-1270.

# Lake Washington School District

## Volunteer Application

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Office Use Only</b> ID# _____	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied <input type="checkbox"/> Restricted
Signature _____	Date _____

### Application Information

I am a:  Parent/Guardian  Relative  Community member  
This is a:  New application  Renewal

**Check here if you are a LINKS volunteer** (LINKS: Looking Into the Needs of Kids and Schools. LINKS places volunteers in LWSD schools based on the needs of the school and the interests of the volunteer. For more information go to: <http://www.lwsd.org/LINKS>).

### Personal Information

Male  Female

Full legal name \_\_\_\_\_  
First Middle Last

Maiden name(s)/Nicknames/Aliases \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace (state OR country if outside U.S.) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Languages spoken (besides English) \_\_\_\_\_

Employer \_\_\_\_\_

Name of child(ren)/student(s) \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Phone # \_\_\_\_\_

### Volunteer Interests and Activities

School(s) where I wish to volunteer \_\_\_\_\_

I plan to volunteer:  Regularly  Once in a while

Volunteer activities (ex: Field trip chaperone, math help, tutoring, job shadow, one time presentation, etc.)  
\_\_\_\_\_

If you marked the "community member" box above, do you have an existing connection with the school(s) identified above?  Yes  No If yes, what is the connection?  
\_\_\_\_\_

Do you require any accommodations?  Yes  No If yes, what is the accommodation?  
\_\_\_\_\_

Do you have a particular skill set you would like to share with our students?  Yes  No If yes, what is the skill set and at what grade level would you like to share it?  
\_\_\_\_\_

**Please attach one copy of the front of your driver's license or other valid photo ID.**

Please return all completed forms to the school in which you would like to volunteer, or email to [volunteers@lwsd.org](mailto:volunteers@lwsd.org), or mail to: Volunteer Office, Lake Washington School District, P.O. Box 97039, Redmond, WA 98073.

## Volunteer Application – Disclosure Form

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*Please answer the following questions honestly and completely and sign the declaration on the following page. Attach a separate sheet if additional space is needed.*

The Washington State Legislature has helped us to assure security for students by allowing background checks on all people who work with students in schools. Lake Washington School District supports this requirement, thus all volunteers must complete this form and undergo a Washington State Patrol Criminal Background Check.

Any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as a volunteer. Lake Washington School District reserves the right to reject any applicant for any legitimate, nondiscriminatory reason. Decisions about volunteer approval status are made on a case by case basis. **NOTE:** Criminal convictions DO NOT necessarily restrict you from volunteering.

- 1) Have you ever been convicted of a crime? You must include any and all past or current criminal convictions.

No  Yes

If “yes,” please identify the crime(s), provide the date(s) of the conviction(s), the name of the court(s), (e.g., King County Superior Court) and the sentence(s) imposed.

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- 2) Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation of a child in any legal proceeding? These proceedings include judicial or administrative proceedings as well as findings by Department of Social and Health Services (DSHS) or the Department of Health that you have not challenged or appealed.

No  Yes

If “yes”, please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty(ies) imposed.

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- 3) Do you currently have any criminal charges pending against you? Are you presently under investigation for possible criminal charges?

No  Yes

If “yes,” please provide pertinent details to enable Lake Washington School District to evaluate, including the charge(s), date(s), jurisdiction(s) and status.

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4) Other than any matter listed on the previous page (page 2 of 3), are there any facts or circumstances involving you and your background that would call into question the district entrusting you with the supervision, guidance and care of its students?

No  Yes

If "yes," please explain.

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**Disclosure Statement:**

I hereby authorize and consent to Lake Washington School District, its agents and employees, to inquire into and undertake whatever background check of me that Lake Washington School District, in its sole discretion, deems appropriate to determine my fitness to serve as a volunteer. I understand the inquiry may include computer database searches, criminal history checks (including a Washington State Patrol Request for Criminal History Information Child/Adult Abuse Information Act RCW 43.43.830 through 43.43.845 – WATCH report), interviews with people acquainted with me, employers or references. I understand the information will be kept confidential to the extent permitted by law, but that Lake Washington School District, as a public entity, is subject to the State Public Records Act, RCW 42.56 et seq and the exemptions provided there under, as amended. Names of approved volunteers may be released to Lake Washington School District PTASAs, upon request, for the purpose of recruiting volunteers or verifying approval status for school activities. I release and hold harmless Lake Washington School District, its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that if Lake Washington School District determines, in its sole discretion, that I have provided false or incomplete information in response to the above questions, or the District decides, with or without cause, not to approve or retain me as a volunteer for whatever reason, Lake Washington School District may, without notice or other process, reject my application to serve as a volunteer, or revoke my privilege to serve as a volunteer.

Pursuant to RCW 9A.72.085, I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

All information in this application is accurate to the best of my knowledge. I have received and thoroughly read the Lake Washington School District Volunteer Handbook. I understand the information in the handbook and I agree to comply with the guidelines set forth in the handbook. As a condition of being permitted to volunteer for Lake Washington School District, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from my volunteer activities. I hereby agree to waive any and all claims arising out of any such injury or damage.

If you type your name on the signature line, you are signing this application electronically and agree that your electronic signature is the legal equivalent of your manual signature on your application. You further agree that no certification authority or other third party verification is necessary to validate your electronic signature.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant Signature**(if under 18 then parent/guardian signature) \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**City and State Where Signed** \_\_\_\_\_

Please return all completed forms to the school in which you would like to volunteer, or email to [volunteers@lwsd.org](mailto:volunteers@lwsd.org), or mail to: Volunteer Office, Lake Washington School District, P.O. Box 97039, Redmond, WA 98073. Please attach one copy of your driver's license or other valid photo ID.