

Volunteer Packet Paperwork

****It is our goal to get 100% participation from all our parents/guardians with this paperwork.****

The volunteer packet is required for ALL those who wish to chaperone field trips or volunteer in classrooms or for school events. All volunteer packets **MUST** be completed and returned to the Main Office **by October 31st, 2017 at 4:30pm. Late paperwork WILL NOT BE ACCEPTED!** Even if you don't think you will be available, please submit the paperwork anyway, as sometimes timing works out. ☺

Required Forms:

- SPS Volunteer Application Form (attached)
- Volunteer Agreement Form (attached)
- Copy of WA State Driver's License
- ASM Completion Certificate (see below)

ASM (Adult Sexual Misconduct Prevention) Online Training

All volunteers are required to complete the *Online Adult Sexual Misconduct Prevention Training*. You only need to take this training **ONE** time.

If you **DID** take this class, make a note on page 4 of the Volunteer Application Packet (additional notes section).

If you **DID NOT** take this class, follow the directions below—

Go to seattleschools.org. Hover your mouse over the “Community” tab on the top right corner of the webpage. Click on “Volunteer”. Scroll down to “Step 2” click on the “Adult Sexual Misconduct Prevention” hyper link.

Watch the video and when prompted, enter

- your full name
- select your school
- print or screenshot the certificate

Submit your ASM certificate, completed Volunteer Application Packet and a copy of your driver's license into the main office via Kidmail, in person or email everything to decatur.volunteer@seattleschools.org.

Decatur's office staff thanks you for your help in completing these forms in a timely manner!



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: _____

VOLUNTEER GENERAL INFO

Name (First, Last): _____ Date of Birth (mm/dd/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:	
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Emergency Contact Phone:		Email:	
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Your Doctor's Name:		Dr. Contact #:	
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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
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Reference First/Last Name:	Contact Phone	Relationship to volunteer
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TYPE OF VOLUNTEER OPPORTUNITY AND AVAILABILITY

Best Days: ☐ Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri ☐ Other: _____

Best Time: _____

VOLUNTEER AREA 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**
☐ Lunch/Playground Supervision ☐ Office/Library Support ☐ Classroom Support ☐ Other, specify: _____

☐ **Athletics (additional action may be required prior to volunteering)**
☐ Coaches of athletic middle and high school ☐ Other Athletic Team Support, specify: _____

☐ **Field Trip Chaperone*, Please Specify Type** → ☐ Day trip ☐ Overnight trip*
 Date/Time: _____ Location: _____ Staff Contact Name: _____

☐ **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 >>



SEATTLE
PUBLIC
SCHOOLS

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: _____

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, 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: 7/31/2017



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: _____

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:
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?	<input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> No <input type="checkbox"/> 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 _____

Date _____

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

Updated: 7/31/2017

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: _____

Applicants Name: _____ (additional note section)

[illegible]

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

Volunteer Clearance Item	Date	Initials	Specify/Notes
<input type="checkbox"/> Volunteer Form (pages 1-3) completed			
<input type="checkbox"/> ID Verification (Driver's Lic. or other ID with Name & DOB)			
<input type="checkbox"/> Volunteer Handbook or link provided to volunteer for reference			
<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!

Updated: 7/31/2017