

# Darrington School District Volunteer Application

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

## Application Information

I am a:  Parent/Guardian  Relative  Community member

## Personal Information

Male  Female  Over 21 years of age Date of birth: \_\_\_\_\_

Full legal name: \_\_\_\_\_

First

Middle

Last

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

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

E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

## Emergency Contact Information

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

## Volunteer Interests and Activities

School(s) where I wish to volunteer:  Elementary  Middle  High School

I plan to volunteer:  Regularly  Once in a while  Special Project (please describe on back)

Days of week willing to volunteer:  Monday  Tuesday  Wednesday  Thursday  Friday

Volunteer activities:

Assistance in:	_____ Bulletin Boards	_____ Vision and hearing testing
_____ Reading	_____ Laminating	_____ Outdoor Activities
_____ Math	_____ Library assistance	_____ Forest Fridays
_____ Science	_____ Copying	_____ Read Aloud/Listening
_____ Art	_____ Recess Activities	_____ Paper work
_____ Social Studies		

Other : \_\_\_\_\_

Skills, talents, interests: \_\_\_\_\_

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

\_\_\_\_\_  
**Applicant signature**

\_\_\_\_\_  
**Date**

We will be contacting you to schedule time(s) to volunteer. THANK YOU!





**DARRINGTON SCHOOL DISTRICT**

**VOLUNTEER RELEASE AND WAIVER**

In return for allowing the Volunteer named below to participate in Darrington School District (DSD) sponsored volunteer activities or projects, the undersigned agrees to release, hold harmless and indemnify the DSD, from all actions, causes of action, damages, claims or demands of negligence, except those of gross negligence and/or intentional or reckless wrongdoing, which the undersigned or any successor may have against the DSD, for all personal injuries, property damage, or other types of loss or damage of any kind, whether or not presently known or contemplated, which may be incurred by the Volunteer during such activity or project.

The undersigned further agrees not to file any action or claim against the DSD arising from his/her participation in such activity or project.

The undersigned hereby acknowledges that for purposes of his/her participation in such activity or project, he/she is not an employee of the Darrington School District.

“The Darrington School District,” for purposes of this release, includes current or former officers, employees, board members, consultants, agents, attorneys, or other representatives, and their respective heirs or assigns.

I have read, understand, and will follow the guidelines set forth in the Darrington School District Volunteer Guidelines, including Board Policies, “Maintaining Professional Staff/Student Boundaries” and “Harassment, Intimidation and Bullying”.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_





## Darrington School District VOLUNTEER APPLICATION DISCLOSURE FORM

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 children by allowing background checks on all people who work with children in schools. Darrington School District supports this requirement and requires that all individuals interested in becoming a District volunteer to 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 rejecting a volunteer application. The District reserves the right to reject any applicant for any legitimate, nondiscriminatory reason. **NOTE: Criminal convictions DO NOT necessarily restrict you from volunteering. Decisions about volunteer approval status are made on a case-by-case basis.**

Please answer the following questions:

1) Have you ever been convicted of a crime? You must include any and all past or current criminal convictions. (For the purpose of this question, "convicted" includes (1) all instances in which a plea of guilty or nolo contendere is the basis of conviction, and (2) all proceedings in which a sentence has been suspended, deferred or dismissed).

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., Snohomish County Superior Court) and the sentence(s) imposed.

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2) Are you presently under investigation in any state, province, territory and/or country for possible criminal charges?

No       Yes

If "yes," please provide pertinent details to enable Darrington School District to evaluate, including the possible charge(s) and status.

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3) Are you presently charged with a crime in any state, province, territory and/or country?

No       Yes

If "yes," please provide pertinent details to enable Darrington School District to evaluate, including the charge(s) and status.

4) Have you ever had any of the following findings made or upheld against you in a judicial or administrative adjudicative proceeding (this includes findings that become final due to your failure to timely challenge such findings): domestic violence, abuse, sexual abuse, neglect, abandonment, violation of a professional licensing standard regarding a child or vulnerable adult, or exploitation or financial exploitation of a child or vulnerable adult under any provision of law, including but not limited to Chapters 13.34, 26.44, or 74.34 RCW, or rules adopted under Chapters 18.51 and 74.42 RCW.

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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5) Have you been convicted of a crime as stated in question 1 and had findings made against you as stated in question 4?

\_No Yes

If "yes," please provide pertinent details to enable Darrington School District to evaluate, including the convictions(s) and finding(s).

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6) Other than any matter listed in response to the above questions, are there any facts or circumstances involving you and your background that would call into question your being entrusted with the supervision, guidance, and care of young people, vulnerable adults or developmentally disabled persons?

\_No Yes

If "yes," please explain.

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7. Have you received the COVID-19 vaccination? \_\_\_\_\_ No \_\_\_\_\_ Yes Please provide proof.

If no, a religious exemption will need to be completed for classroom /school volunteers. If only attending a field trip a negative COVID-19 test will be requested 24-48 hours prior to trip.

**Disclosure Statement:**

I hereby authorize and consent to Darrington School District and its agents and employees, to inquire into and undertake whatever background check of me that the District, in its sole discretion, deems appropriate to determine my fitness to serve as a volunteer. I understand that 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 further authorize any person contacted by the District to provide information to the District about my volunteer application, including any information that may relate to my background or ability to supervise, guide, or care for young persons, vulnerable adults, or developmentally disabled persons.

I understand that the information will be kept confidential to the extent permitted by law, but that the District, as a public entity, is subject to the Washington Public Records Act, Chapter 42.56 RCW and the exemptions provided thereunder, as amended. I release and hold harmless the District, its agents, employees, and Board members, 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 the 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, the 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.

As a condition of being permitted to volunteer for Darrington 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.

Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address : \_\_\_\_\_

City and State Where Signed: \_\_\_\_\_

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

Attach a copy of your driver's license along with all completed forms to the school in which you would like to volunteer, or mail to: Darrington School District, P.O. Box 27, Darrington, WA 98241

