

Renewal

Expiration Date _____



Application to Volunteer

Please use blue or black ink.

Legal Last Name _____ First _____ Middle _____		
Nickname or other name you prefer to go by _____		
Address (street & mail): _____		
Primary Phone # _____	Other Phone # _____	E-mail _____
Preferred method of contact:	<input type="checkbox"/> Primary Phone	<input type="checkbox"/> Other Phone <input type="checkbox"/> E-mail
I want to volunteer in the <input type="checkbox"/> elementary school <input type="checkbox"/> middle school <input type="checkbox"/> high school		
<input type="checkbox"/> classroom <input type="checkbox"/> office/clerical <input type="checkbox"/> health screens <input type="checkbox"/> field trip <input type="checkbox"/> sports/activities*		
Please describe any special talents you have, or use this space to identify the kinds of activities you would enjoy doing as a volunteer in our schools.		

Other languages I speak: _____		
References: REQUIRED (Please, no relatives)		
Name _____	Relationship _____	Telephone _____
Name _____	Relationship _____	Telephone _____
Name _____	Relationship _____	Telephone _____
Emergency Information:		
Contact person _____		
Relationship to you _____	Telephone _____	
Name of physician _____	Telephone _____	
Please describe any special medical conditions: _____		

*Applicants interested in volunteering with team sports or activities will need to be screened by the Athletic Director as well as have a standard background check.

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In order to protect our students and staff, Coupeville School District requires all volunteers to complete the following disclosure.

Disclosure. Please answer yes or no to each of the following questions. If the answer to any question is “yes”, please explain the situation in detail in the area provided, indicating the offense(s), the date(s) of the conviction(s), the name of the court(s), (e.g., King County Superior Court), and the sentence(s) imposed.

Yes No Have you ever been convicted of a crime? (The term “convicted” means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, or a stipulation to the facts. Exclude civil infractions, such as minor traffic citations.)

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? (Vulnerable adult means adults of any age who lack the functional, mental, or physical ability to care for themselves. Civil adjudicative proceeding includes judicial or administrative proceedings as well as findings by DSHS or the Department of Health that you have not administratively challenged or appealed.)

If you answered “yes” to any of these questions, please explain here:

Background Check Information: Date of Birth _____ Gender _____ Race _____

Place of Birth _____ Height _____ Eye Color _____ Hair Color _____

Maiden/Married Names/Aliases _____

I hereby certify that:

1. The information I have provided is true and correct and I give my permission for Coupeville School District to perform a background check.
2. I have received and reviewed district policy 6550-Prohibition of Harassment, Intimidation, Bullying and policy/procedure 6551-Sexual Harassment.
3. I agree to work within the policies and procedures of the Coupeville School District.

Signature of Volunteer _____ Date _____

Note to Volunteers regarding Immunization. We encourage all volunteers to be up to date on immunizations for measles, rubella, mumps and/or tetanus-diphtheria. Please be advised that, should an outbreak of one of a vaccine-preventable disease occur, you may be excluded by the Island County Health Officer from volunteering in the schools during the period of the outbreak.

The district provides equal educational opportunity and treatment in all programs and employment and does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably-discharged veteran or military status, sexual orientation (gender expression or identity), marital status, the presence of any sensory, mental or physical disability, or the use of a trained dog guide or service animal by a person with a disability. The district provides the Boy Scouts of America, and all other designated youth groups listed in Title 36 of the United States Code as a patriotic society, equal access to school facilities. Inquiries regarding compliance or grievance procedures may be directed to the school district's Title IX Coordinator; Compliance Coordinator for 28A.640 and 28A.642 RCW; Section 504/ADA Coordinator: James Shank, Superintendent, Coupeville School District, 501 South Main, Coupeville, WA 98239 – (360) 678-4522.

For District Use: <input type="checkbox"/> Fingerprints <input type="checkbox"/> Character & Fitness Supplement	Background check cleared, Date/Initials: _____/_____
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