

Salmon Bay School Volunteer Instructions, Checklist and Application

This is an invitation to share your time, talents, experience and energy with the students at Salmon Bay. Our school's mission is to empower compassionate, creative and independent thinkers. Volunteers are necessary to make that happen. We know your time is at a premium. We also know that volunteering is the only way we can continue to offer activities like field trips, Winter Enrichment and Camp — the very activities that attract so many families to Salmon Bay.

We promise to work with you to find the right volunteer assignment. Big or small, inside the classroom or out, daytime or evening...we have a job that is a match for you! We promise to support you and say "thank you" loud and clear! We hope you will consider becoming a Salmon Bay volunteer.

When you are ready to jump in, please follow the instructions below:

- Provide a photocopy of your valid driver's license
- A signed copy of the Volunteer Agreement from the Seattle Public Schools Volunteer Handbook (attached)
- You must complete the adult sexual misconduct prevention online course (found [here](#) our on the SPS website under Volunteer information)

By signing below, I verify that I have completed the sexual misconduct prevention online course.

Volunteer Signature: _____ Date: _____

If you are also willing to volunteer as a driver on a class field trip or camp experience you must also complete:

- Volunteer driver checklist (attached) and a photocopy of my CURRENT auto insurance.
- A photocopy of my CURRENT auto insurance.

I am willing to stay overnight with children (i.e. chaperone camp) and:

- I have been a resident of Washington State for the past two years. By signing below, I verify that I have been a continuous resident of Washington State for the past two years:

Volunteer Signature: _____ Date: _____

Volunteer Contact Information

Name: _____

Contact information:

Email: _____

Phone: _____

I am the parent/guardian of a Salmon Bay Student.

Names and homeroom teachers:

I am not the parent/guardian of a Salmon Bay Student.

If you have questions or need more information please contact the Salmon Bay Volunteer Coordinator, Jodi Russell at 206-252-1730 or jrrussell@seattleschools.org



SPS Volunteer Application-Screening-Disclosure Form

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 <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Community <input type="checkbox"/> Other: _____	
If you have a student at the school please specify their name: _____	
Do you require any special accommodations in a work environment? <input type="checkbox"/> No <input type="checkbox"/> Yes, please describe below: _____	

VOLUNTEER EMERGENCY INFORMATION

Emergency Contact Name:	Relationship:
Emergency Contact Phone:	Email:
Your Doctor's Name:	Dr. Contact #:

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
Reference First/Last Name:	Contact Phone	Relationship to volunteer

TYPE OF VOLUNTEER OPPORTUNITY AND AVAILABILITY

Best Days:	<input type="checkbox"/> <input type="checkbox"/> Mon	<input type="checkbox"/> <input type="checkbox"/> Tue	<input type="checkbox"/> <input type="checkbox"/> Wed	<input type="checkbox"/> <input type="checkbox"/> Thurs	<input type="checkbox"/> <input type="checkbox"/> Fri	<input type="checkbox"/> <input type="checkbox"/> Other:
Best Time:						

VOLUNTEER AREA OF INTEREST

<input type="checkbox"/>	Student Enrichment Support → <input type="checkbox"/> 1 to 1 <input type="checkbox"/> Small Group <input type="checkbox"/> Classroom Assistance <input type="checkbox"/> Other: _____ <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Drama <input type="checkbox"/> Arts/Crafts <input type="checkbox"/> Music <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	Administrative/Clerical/Non Academic Support <input type="checkbox"/> Lunch/Playground Supervision <input type="checkbox"/> Office/Library Support <input type="checkbox"/> Classroom Support <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	Athletics (additional action may be required prior to volunteering) <input type="checkbox"/> Coaches of athletic middle and high school <input type="checkbox"/> Other Athletic Team Support, specify: _____
<input type="checkbox"/>	Field Trip Chaperone* , Please Specify Type → <input type="checkbox"/> Day trip <input type="checkbox"/> Overnight trip*
	Date/Time: _____ Location: _____ Staff Contact Name: _____
<input type="checkbox"/>	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 >>



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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



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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

SEATTLE PUBLIC SCHOOLS VOLUNTEER DRIVER CHECKLIST

TRIP INFORMATION

DATE: _____ SCHOOL: _____

PURPOSE OF TRIP: _____

DATE OF TRIP: _____

TRIP IS TO: _____

FROM: _____

MAXIMUM #. OF STUDENTS TO BE TRANSPORTED IN VOLUNTEER'S VEHICLE: _____

DRIVER SCREENING/INSURANCE REQUIREMENTS

NAME OF DRIVER: _____

VEHICLE YEAR/MAKE/MODEL: _____ LIC #: _____

Please respond to each item with a yes or no answer.

YES/NO

_____ I am older than 21 years of age.

_____ I have a valid Washington State driver's license.

License #: _____ Exp. Date: _____

_____ I have had no vehicle moving violations or at-fault accidents within the last three years. If you have had any, please list: _____

_____ I carry minimum auto liability limits of \$300,000 combined single limit of liability (or \$100,000/\$300,000 Bodily Injury; \$50,000 Property Damage) and uninsured/underinsured motorist coverage.

Company: _____ Policy #: _____

_____ I am aware that, in the event of an accident while on a school-related activity, any claims will be tendered to my personal automobile insurance company, and my insurance is primary.

(Continued on reverse side)

VOLUNTEER DRIVER CHECKLIST

VEHICLE INSPECTION

Please respond to each item with a yes or no answer.

YES/NO

_____ There is a working seat belt for the driver and age-appropriate passenger restraints for each passenger, and I enforce the use of passenger restraints by all occupants of my vehicle.

_____ My vehicle's brakes, including the emergency brake, are in good working order.

_____ My vehicle's tires have legal tread depth (at least 3/32").

_____ My vehicle's brake lights, turn indicators, and headlights are in good working order.

_____ My vehicle's windows are clear and provide an unobstructed view for the driver.

_____ My vehicle has functioning rear view mirrors (center and left side).

_____ My vehicle has no other physical defects that would interfere with the safety of the driver and passengers.

_____ My vehicle has a rated capacity of ten passengers or less.

_____ If my vehicle has dual airbags, I will not seat children under 13 or small persons in front passenger seat.

_____ I will not transport students in a motor home, fifth-wheel trailer, cargo compartment of a van or truck bed.

The above information is true and accurate to the best of my knowledge. I hereby give my permission for a copy of my personal Motor Vehicle Report to be ordered and used in consideration of my transporting students during field trips.

Signature of Volunteer Driver

Date

ADMINISTRATIVE REVIEW

_____ If the volunteer will drive for more than one day, the district has obtained the information to order a motor vehicle abstract (three-year comprehensive record) from the Department of Licensing.

_____ If the volunteer will have unsupervised student contact, the district has obtained the information to order a Washington State Patrol background information check.

_____ All students have parental permission to ride with a volunteer driver.

_____ All "NO" responses have been addressed satisfactorily.

I have reviewed the above information and this driver and vehicle are approved for this trip.

Signature of Administrator/Designee

Date