**WAITSBURG SCHOOL DRISTRICT**

**VOLUNTEER APPLICATION (revised 091619)**

**Date of Application: Phone Number of Applicant:**

**First Name: Middle Name: Last Name:**

**(Legal Name)**

**Date of Birth: / / Social Security Number:** - -

**Volunteers will be assigned in accordance with the greatest need as indicted by the teacher and administrator requests. The volunteer’s skills and abilities will be used to the extent that they are compatible with the requests. The volunteer’s special preferences will be taken into account as often as possible.**

**Please complete the portion below (circle more than one, if applicable):**

1. **Grade Level Preference(s):**

**(please circle applicable)**

**Preschool**

**Elementary: K 1 2 3 4 5 6**

**Middle School: 6 7 8**

**High School: 9 10 11 12**

1. **Please specify when you are available:**

**Day(s) of the Week**

**(please circle applicable) (please list times)**

**Monday a.m. or p.m. From: To:**

**Tuesday a.m. or p.m. From: To:**

**Wednesday a.m. or p.m. From: To:**

**Thursday a.m. or p.m. From: To:**

**Friday a.m. or p.m. From: To:**

1. **Interest Preference(s):**

**(please circle applicable)**

**Classroom Aide**

**Clerical Aide**

**Instructional Aide**

**Library Aide**

**Supervision Aide**

**Sports Aide**

**Other (please list)**

1. **Special Training and/or Interest Area:**

1. **Resources or Special Talents:**

**Signature of Applicant Date Signed**

**PLEASE attach a copy of your Driver’s License or Photo I.D. Card**

***WAITSBURG SCHOOL DISTRICT NO. 401-100***

PO Box 217 *Mark Pickel*

Waitsburg, Washington 99361 Superintendent

(509) 337-6301 Elementary Principal

BOARD OF DIRECTORS *Mrs. Stephanie Wooderchak*

Ross Hamann Secondary Principal

Randy Hinchliffe

Christy House

Jason Kaehler *Mrs. Becky Dunn*

Lisa Morrow Business Manager/ Human Resource Officer

TO: Board of Directors

All certificated and classified staff

All certificated and classified substitutes

All extra-curricular coaches/advisors

All contractual services employees

All volunteers

FROM: Dr. Jon Mishra, Superintendent

RE: Confidentiality

Maintaining confidentiality within a school setting is crucial to all families within the community. To help you to understand the expectations of the District, please read the following. Your signature will indicate you have read and understand the expectations.

**Confidentiality is critical for every employee – permanent and temporary and volunteer within the district. Information and perceptions based on observations should not be shared with others at school and/or in the community. Whatever happens while working with students, staff and volunteers must remain within the setting and context experienced. A mutual respect among all employees – permanent and temporary, volunteers and students will create the trust necessary to ensure confidentiality.**

**It is essential that we not talk about students in public. Be careful not to discuss confidential information where others might overhear, including students, visitors, parents or community members. If you have problems with a particular person or policy, discuss it with a building principal or the superintendent. Rumors and misinformation only damage the district and its relationship with families and the community.**

My signature below indicates I have read and understand the District’s expectations regarding confidentiality.

Signature Date

**VOLUNTEER APPLICANT DISCLOSURE STATEMENT**

**Waitsburg School District No. 401-100 184 Academy St. PO Box 217, Waitsburg, WA 99361**

**Phone: (509) 337-6301**

**Please answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge of finding, the date and the court(s) involved.**

**1. Have you ever been convicted of any crimes against children or other persons as defined in RCW 43.43.830., and listed as follows: aggravated murder, first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor for immoral purposes; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future?**

**ANSWER\_\_\_\_\_\_\_If YES, explain below.**

**2. Have you ever been found by a court in a domestic relations proceeding or dependency action to have physically or sexually abused or exploited any minor or to have physically or sexually assaulted any minor?**

**ANSWER\_\_\_\_\_\_\_\_If YES, explain below.**

**3. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused or exploited any minor?**

**ANSWER\_\_\_\_\_\_\_\_If YES, explain below.**

**4. Have you ever been convicted of possession of a controlled substance; or possession with intent to deliver a**

**controlled substance?**

**ANSWER\_\_\_\_\_\_\_If YES, explain below.**

**5. Have you ever been convicted of buying, selling, serving, or otherwise furnishing alcoholic beverages to minors?**

**ANSWER\_\_\_\_\_\_\_If YES, explain below.**

**6. Are you presently being accused of, but have not been declared guilty of, any of the crimes described in**

**paragraphs 1-5?**

**ANSWER\_\_\_\_\_\_\_If YES, explain below.**

**7. Do you have any nicknames or short first names or any other name or alias by which you are referred, or by which you refer to yourself, other than as signed below?**

**ANSWER\_\_\_\_\_\_\_If YES, explain below.**

**Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and record become the property of the District, which reserves the right to accept or reject it. A criminal history on all applicants considered for hire by the District will be requested through the Washington State Patrol or Federal Law Enforcement Agencies, and fingerprinting of applicants may be requested as a pre-employment prerequisite.**

**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. Further, I hereby authorize the District to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency or government agency, or the Washington State Patrol or any Federal Law Enforcement Agency to give the District any information they may have regarding me. I further authorize the District to disclose any information they may have regarding me if such information is requested by a different potential future employer of me. In consideration of the District’s review of this application, I release the District and all providers of information from any liability as a result of furnishing and receiving any of the above information.**

**I also understand and agree that I may be conditionally employed while the District performs a background record check or while the District awaits the Board of Directors making a final hiring decision as to whether or not I will be employed by the District. I understand that my employment is conditioned on the completion of both the above acts and until such time as they are completed, my employment shall only be as a casual day-to-day employee and will not in any way bind or require the District to continue my employment.**

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

**School District Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Waitsburg School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, religion, color, national origin, gender, age, marital status, disability, or sexual orientation. This holds true for all district employment and opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the school district’s Title IX/RCW 28A.640 compliance officer and/or Section 504/ADA coordinator.**

**Waitsburg School District #401-100**

184 Academy Street, P. O. Box 217

Waitsburg, WA 99361

(509) 337-6301

**SIGNATURE RELEASE FORM**

**APPLICANT AND OR VOLUNTEER**

All of the information I have provided in my application materials is true, correct, and complete. I authorize Waitsburg School District to make any investigation of any personal, educational vocational, or employment history. I further authorize any institution or government agency to provide Waitsburg School District with information they have regarding me. **I hereby release and discharge Waitsburg School District and those prior employers or other references who provide information from any and all liability as a result of furnishing and receiving this information.** This information includes the sources cited above and specific examples as follows: the local Washington State Patrol, information from the Federal Bureau of Investigation of either data on all criminal convictions, or certification that no date on criminal convictions are maintained, information from SPI, the Washington or other State Department of Social Services Child Protective Services Unit and any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me. I further agree that if I am employed, I will provide verification of my certification, education, and experience. I agree that information provided by an individual shall be confidential and I shall not have access to such information. I agree that if I have made any omission or have provided false or incomplete statements, the district may, at its sole discretion, without notice or due process procedures, terminate my employment contract. If such action is taken by the district, the contract shall be deemed void from its inception.

I also understand and agree that I may be conditionally employed while the district performs a background record check or while the district awaits the Board of Directors making a final hiring decision as to whether or not I will be employed by the district. I understand that my employment is conditioned on the completion of both the above acts and until such time as they are completed, my employment shall only be as a casual day-to-day employee and will not in any way bind or require the district to continue my employment.

Signature Date

Name (please print or type)