



26920 Pioneer Highway, Stanwood, WA 98292  
Phone: (360) 629-1200 Fax: (360) 629-1242

5630 F1  
Personnel

*Our Promise – “Every student in the Stanwood-Camano School District is empowered to learn in an inclusive setting and is prepared for the future of their choice.”*

## VOLUNTEER APPLICATION

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

~**PRINT YOUR** full legal name and date of birth (NOT the student’s). Use INK, no pencil.~

**PLEASE BE PREPARED TO SHOW PICTURE ID TO SCHOOL PERSONNEL FOR VERIFICATION.**

**YOUR**

Full Name \_\_\_\_\_  
(First) (MI) (Last)

\_\_\_ Male  
\_\_\_ Female  
\_\_\_ Other

**YOUR FULL**  
Date of Birth: \_\_\_\_\_  
**(REQUIRED)**

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to volunteer or help in the following way: \_\_\_\_\_

I wish to volunteer at the following schools/programs: \_\_\_\_\_

<u>Children’s Name(s)</u>	<u>Teacher/Room</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree to complete the following disclosure information and understand that a satisfactory State Criminal History Background Clearance is required and that my service as a volunteer is dependent upon approval. I understand this time is spent in a volunteer capacity only and I have read and agree to comply with district, school and classroom rules, procedures and policies, including: [Maintaining Professional Staff/Student Boundaries](#), [Prohibition of Harassment, Intimidation, and Bullying](#), [Nondiscrimination and Affirmative Action](#), [Sexual Harassment](#), [Drug-Free Workplace](#) and [Civility In The Workplace](#).

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

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

The Stanwood-Camano School District does not discriminate in employment, programs, or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding compliance and/or grievance procedures may be directed to the District’s Title IX/Affirmative Action Officer and Civil Rights Compliance Coordinator, Christine Del Pozo (cdelpozo@stanwood.wednet.edu), or the Section 504/American Disabilities Act Coordinator, Robert Hascall (rhascall@stanwood.wednet.edu) Stanwood-Camano School District, 26920 Pioneer Hwy, Stanwood, WA 98292. Telephone: (360) 629-1200.

**VOLUNTEER DISCLOSURE STATEMENT PURSUANT TO CHAPTER 43.43 RCW**

**VOLUNTEER'S PRINTED NAME** \_\_\_\_\_

**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 or finding, the date of the conviction or finding, the court(s) involved, and the penalty imposed. I understand that the Stanwood-Camano School District may inquire of state and federal law enforcement or other agencies and examine court or agency records regarding my criminal history and civil adjudications.

1. Have you **ever** been convicted of any crime?

The term **'convicted'** means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution.

**YES**  **NO** **If YES, PLEASE EXPLAIN:** \_\_\_\_\_

2. 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.

A civil adjudicative proceeding includes a judicial or administrative proceeding as well as findings by the Department of Social and Health Services or the Department of Health that you have not administratively challenged or appealed.

**YES**  **NO** **If YES, PLEASE EXPLAIN:** \_\_\_\_\_

***Any misrepresentation or omission of facts shall be sufficient cause for rescission of an offer of employment or termination of employment/volunteer status.***

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. If completing this form electronically, by typing my name below, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

**Signature** \_\_\_\_\_

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

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

**VOLUNTEER CONFIDENTIALITY STATEMENT, POLICIES & PROTOCOL AND HANDBOOK ACKNOWLEDGMENT**

I shall respect the privacy concerns of students and staff, and I shall hold in confidence all information learned in the course of my volunteer service, whether that information is obtained through written records or daily interaction. I will not disclose an individual's confidences to anyone, except: 1) as mandated by law; 2) to prevent a clear and immediate danger to a person or persons.

I shall store or dispose of records in ways that maintain confidentiality.

I shall possess a professional attitude, which upholds confidentiality, and hold confidential any information about sensitive situations within this school.

I understand that violation of this confidentiality statement may be grounds for immediate dismissal.

I have received or have access to a copy of the volunteer handbook and have either read it or had it read to me carefully. I understand that the manual is intended to cover the procedures, rules and policies most often applied to day-to-day volunteer activities, and that some of the information will change from time to time as procedures evolve. I understand that I am a volunteer and respect the privilege afforded me to serve in that capacity is at the direction and decision of the staff and administrators.

**I have received and reviewed the following Stanwood-Camano School District policies/protocols:**

- Policy 5253 – Maintaining Professional Staff/Student Boundaries
- Procedure 5253P – Maintaining Professional Staff/Student Boundaries
- Policy 3207 – Prohibition of Harassment, Intimidation, and Bullying
- Procedure 3207P – Prohibition of Harassment, Intimidation, and Bullying
- Policy 5011 – Sexual Harassment
- Procedure 5010P – Nondiscrimination and Affirmative Action

I understand there are two kinds of boundary invasions – those that are appropriate because they have educational or health reasons and those that are inappropriate.

I understand that I am responsible for following District procedures regarding maintaining professional staff/student boundaries, incident reporting, and consequences of engaging in boundary invasions.

I understand that while school volunteers are not legally mandated reporters of suspected child abuse, the District's expectation is that volunteers speak to an administrator promptly regarding any inappropriate incident, conduct, or behavior.

I will adhere to these guidelines and acknowledge my role in protecting children from inappropriate conduct by adults. If completing this form electronically, by typing my name below, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

---

*Volunteer's Name - PLEASE PRINT*

---

*Location/School*

---

*Volunteer's Signature*

---

*Date*