

Parent Volunteer Application Instructions:

Thank you for taking time to complete the Bellevue School District Volunteer Application. We welcome you and appreciate your willingness to volunteer. To ensure the safety of our students and to be in compliance with Washington State Law (RCW 43.43.830), we ask that you follow the directions below. There is a growing awareness that this screening process is not only prudent but an effective safety net for our volunteers as well as our students.

Please note:

- Washington State Patrol form, please complete:
 - Section C (**do not include your social security number**) and
 - Section D (**no finger prints are needed**).
 - Return with application, do not send to Olympia.
- Include a copy of photo identification: **valid Driver's license, State Identification card or passport**. (ID must include birth date).

Please return the application to your child's school.

Thanks again. We appreciate all you do for Bellevue students.

Bellevue School District Volunteer Application

Please check all that apply:

- PARENT VOLUNTEER**
- VIBES VOLUNTEER**
- STUDENT VOLUNTEER**
- UNSUPERVISED VOLUNTEER***



FOR OFFICE USE ONLY

Rcvd: _____ Orient: _____ D.B.: _____
 School(s): _____
 Reference (Sent) _____ (Rcvd) _____
 Reference (Sent) _____ (Rcvd) _____

NAME: _____ M / F DATE: _____

ADDRESS: _____ DATE OF BIRTH: _____

CITY: _____ ZIP CODE: _____ HOME PHONE: () _____

CELL PHONE: () _____ E-MAIL ADDRESS: _____

EMPLOYER: _____ BUSINESS PHONE: () _____

CURRENT OCCUPATION: _____

PREVIOUS EMPLOYMENT HISTORY: _____

PREVIOUS WORK WITH CHILDREN/YOUTH: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

SCHOOL AND COMMUNITY ACTIVITIES: _____

FAVORITE SUBJECTS IN SCHOOL: _____

LANGUAGES SPOKEN: _____

HOBBIES, INTERESTS, SKILLS: _____

REASON FOR VOLUNTEERING: _____

EMERGENCY CONTACT NAME: _____ DAY PHONE: () _____

REFERENCES

(Non-relatives whom we may contact. Please fill in completely.)

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

CITY, STATE ZIP _____ CITY, STATE ZIP _____

TELEPHONE () _____ TELEPHONE () _____

E-MAIL _____ E-MAIL _____

RELATIONSHIP _____ RELATIONSHIP _____

* A volunteer is considered unsupervised if s/he is an athletic coach, music clinician, after-school club instructor, camp counselor, or other type of volunteer for whom there may be no direct supervision. If the volunteer will be unsupervised, s/he needs to complete an employer reference form.

AVAILABILITY

(Please fill in specific times you are available to volunteer)

	Mon.	Tues.	Wed.	Thurs.	Fri.
Morning					
Afternoon					

VIBES VOLUNTEERS

INTERESTS:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> One-on-one | <input type="checkbox"/> AVID | <input type="checkbox"/> Students Learning English |
| <input type="checkbox"/> Small group | <input type="checkbox"/> College Corps | <input type="checkbox"/> Students with Disabilities |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Tutoring | <input type="checkbox"/> After School Activities |
| <input type="checkbox"/> Mentoring | Subject(s): _____ | <input type="checkbox"/> Other: _____ |

GRADE LEVEL PREFERRED:
(please circle)

- | | | |
|-------------------|---------------|-------------|
| Elementary School | Middle School | High School |
| PRE K 1 2 3 4 5 | 6 7 8 | 9 10 11 12 |

PARENT VOLUNTEERS

List student name(s) with grade level and check school(s) attending: _____

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Ardmore (K-5) | <input type="checkbox"/> Medina (K-5) | <input type="checkbox"/> Stevenson (Pre-5) | <input type="checkbox"/> International (6-12) |
| <input type="checkbox"/> Bennett (K-5) | <input type="checkbox"/> Newport Heights (K-5) | <input type="checkbox"/> Woodridge (Pre-5) | <input type="checkbox"/> Robinswood (6-12) |
| <input type="checkbox"/> Cherry Crest (K-5) | <input type="checkbox"/> Phantom Lake (Pre-5) | <input type="checkbox"/> Chinook (6-8) | <input type="checkbox"/> Bellevue (9-12) |
| <input type="checkbox"/> Clyde Hill (Pre-5) | <input type="checkbox"/> Puesta del Sol (K-5) | <input type="checkbox"/> Highland (6-8) | <input type="checkbox"/> Interlake (9-12) |
| <input type="checkbox"/> Eastgate (Pre-5) | <input type="checkbox"/> Sherwood Forest (Pre-5) | <input type="checkbox"/> Odle (6-8) | <input type="checkbox"/> Newport (9-12) |
| <input type="checkbox"/> Enatai (Pre-5) | <input type="checkbox"/> Somerset (K-5) | <input type="checkbox"/> Tillicum (6-8) | <input type="checkbox"/> Sammamish (9-12) |
| <input type="checkbox"/> Lake Hills (K-5) | <input type="checkbox"/> Spiritridge (Pre-5) | <input type="checkbox"/> Tyee (6-8) | |

How did you learn about our volunteer opportunities?

- | | | | |
|---|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Bellevue Schools | <input type="checkbox"/> Brochure | <input type="checkbox"/> Website | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Presentation | <input type="checkbox"/> Radio | <input type="checkbox"/> Poster | <input type="checkbox"/> Bookmark |
| <input type="checkbox"/> Friend: _____ | | | |
| <input type="checkbox"/> Other: _____ | | | |

All information in this application is accurate to the best of my knowledge. I have signed the attached Disclosure form.

I understand that all volunteering relationships established through the Bellevue School District take place with student(s) on the school campus during school hours or at other school authorized activities ONLY.

Signature _____ Date _____

Please return to: VIBES, Bellevue School District, PO Box 90010, Bellevue, WA 98009.

If you have questions, please call (425) 456-4154 or e-mail vibes@bsd405.org.



VOLUNTEER DISCLOSURE FORM

Washington State Law requires that all prospective volunteers who will have regularly scheduled unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults must complete and sign this disclosure form. In addition, the District requires that this form be completed by all volunteers, regardless of whether they are supervised. The District will request a background investigation through the Washington State Patrol Criminal Identification Division, and a copy of the response will be made available to you upon request.

The term "convicted" means all adverse dispositions, including, but not limited to, a finding of guilty, a plea of guilty or nolo contendere, a stipulation to the facts, or a deferred or suspended sentence.

Name: _____ Telephone: _____

- NO YES 1. **Are you presently charged with, but not convicted of, a crime?** A pending criminal charge will not necessarily bar you from volunteering in the District. If yes, attach an explanation of the nature of the charge, place, date, and court.
- NO YES 2. **Have you ever been convicted of a crime?** A conviction record will not necessarily bar you from volunteering in the District. If yes, attach an explanation of the nature of the crime, place, date, court, and final disposition. You need not list traffic violations for which a fine or forfeiture of less than \$150 was imposed.
- NO YES 3. **Have there ever been any findings against you in any civil adjudications involving domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or vulnerable adult?** Civil adjudications include a final agency finding that the applicant did not appeal or a judicial or administrative proceeding that affirms an agency finding or results in a finding.

I, _____, certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that any falsification or deliberate misrepresentation, including omission of a material fact, or failure to complete any part of this application or this disclosure form can be grounds for denial of volunteer service or continued volunteer service with the Bellevue School District.

Volunteer applicant's signature: _____

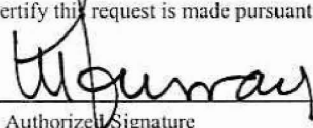
Date: _____ City and State: _____

Reference: RCW 43.43.830 - 845

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

<p>A REQUESTING AGENCY/ADDRESS</p> <p>Agency Bellevue School District</p> <p>Attn VIBES - Volunteer/Mentor/Tutor Program (425-456-4154)</p> <p>Address 12111 NE 1st St., Bellevue, WA 98005</p> <p>City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p> 9-6-05</p> <p>Authorized Signature Date Assistant Superintendent (425) 456-4156 Title Area Code/Phone Number</p>	<p>B PURPOSE Check appropriate box</p> <p><input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal. _____ Notarized Letter(s)</p>
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C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION
WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Bellevue School District
Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

Applicant Right Thumb Print (Optional)

MAIL COMPLETED FORM TO:

**VIBES
BELLEVUE SCHOOL DISTRICT
PO BOX 90010
BELLEVUE, WASHINGTON 98009
425-456-4154
FAX: 456-4176**

FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL AT:
PHONE: (360)705-5100
E-MAIL: crimhisfgjwsp.wa.gov
WSP WEB SITE: <http://www.wa.gov/wsp/>

Washington State conviction criminal history record information is available on the Internet using WA TCH (Washington Access to Criminal History). You may use an account established by mail or conduct a search using a credit card (Discover, American Express, Visa, or MasterCard). An account application can be printed by accessing WATCH "HELP" files on the Internet. A \$10 fee is charged for each name and date of birth search, regardless of the outcome.
WATCH WEBSITE: <https://watch.wsp.wa.gov>

CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses, organizations, or individuals. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. *Searches can be conducted only on prospective employees, volunteers, or adoptive parents.*
Background checks can be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment or engagement decisions only. Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act RCW 10.97
2. *Applicants must be notified an inquiry may be made.*
A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer that an inquiry may be made.
3. *A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.*
A business or organization shall require each applicant to disclose whether the applicant has been:
 - (a) convicted of any crime;
 - (b) had findings made against him or her in any civil adjudicative proceeding;
 - (c) has both a conviction and findings made against him or her.
4. *Applicants must be notified of the response.*
The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.