

Last Name:	_____
First Name:	_____
Email:	_____

# VOLUNTEER PAPERWORK 2009/10

Dear Parents and Family Members,

Before you are allowed to work in the classroom or participate on a field trip, you must complete this packet. It can take 6 weeks to get approval from the WA State Patrol -- it is in your interest to submit this form at the beginning of the school year. Separate paperwork should be turned in for each volunteer in a family. Please return this entire packet to the classroom or main office. One set of paperwork will cover a volunteer for multiple classrooms.

Included in this packet:

1. MIT Volunteer Survey
2. Edmonds School District Employee / Volunteer Emergency Information
3. Madrona School Volunteer Confidentiality Policy
4. Edmonds School Volunteer Disclosure Statement
5. Washington State Patrol Request for Criminal History

**IMPORTANT NEW INFORMATION:** Please complete your name and contact information in the upper left corner of this page. In the interest of saving paper, *MIT will be sending all correspondence via confidential email*, unless you tell us otherwise. *If you would prefer to pick up paper copies of Bear Facts, Notes from the Office, and general information from the Family Room (adjacent to the Library), please check this box.*

**Please circle all classrooms that you have children in:**

**Kindergarten / Preschool:**  
 Ms. Rust      Mr. Kelly      Mrs. Barber      DHH

**Primary:**  
 Paw-Sal-Cha'l      Ohana      SND      El Mundo      DHH

**Intermediate:**  
 DaVinci      Soleil      Renaissance      Summit      DHH

**Middle School Advisory:**  
 Baldwin/Entrop      Campbell      Edwards      Gorney  
 Pollock      Proffitt      Swenson      Ullerich

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Child's Name: \_\_\_\_\_ Center/Advisory: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Center/Advisory: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Center/Advisory: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Center/Advisory: \_\_\_\_\_

## MIT Volunteer Survey

The following is a list of committees, events and activities held at Madrona to benefit and enhance the quality of education for our children. They also build a sense of community and friendship among us all. Parents are not required to volunteer, however your willingness to donate your time and energy is an integral part of what makes Madrona successful. We ask that parents be a part of our success by volunteering in one or more of the following activities. There is a job here for everyone and we need your help! Please call Kim Magana, Volunteer Program Manager at 425-431-2911 for additional information or questions.

BEAR FEET Madrona Jog-A-Thon Oct. 2<sup>nd</sup> – Need lots of volunteers

ENRICHMENT COMMITTEE (before/after school classes / activities / clubs)

I can be a part of the planning committee

I would like to teach or coordinate a class or activity

I am able to assist or chaperone a class or activity

BOOK FAIR – March

LIBRARY HELP – Help our librarian Ann throughout the year with book check out

SAFETY COMMITTEE – meet monthly and assist with drills and supplies

BEAR SCARE – Oct – Fall Costume Party and Mini Carnival

FAMILY DANCE – Jan/Feb. - Family theme dance with concessions and live band

MADRONA CHILDREN'S THEATER – March – Broadway-style musical production by 4-8<sup>th</sup> Graders

TALENT SHOW – midwinter – Any and all members of the Madrona community strut their stuff

BOX TOPS AND CAMPBELL SOUP LABELS - help with this fundraiser

WEDNESDAY MAIL – meet Wednesdays from 9:20-11:00 in Family Room to sort and distribute school mail

TRIBES DAYS – Help with activities on Tribes Days (4-5 per year)

MUSIC BOOSTERS – fundraising and advertising for Band/Orchestra/Choir

TECH LAB BOOSTERS – Fundraising and Year Book Sales

3<sup>rd</sup> GRADE GRADUATION

8<sup>TH</sup> GRADE GRADUATION

8<sup>TH</sup> GRADE RICHMOND BEACH BASH

6<sup>TH</sup> GRADE D.A.R.E. GRADUATION

6<sup>TH</sup> GRADE POOL PARTY

OTHER \_\_\_\_\_

# 2009-2010 Volunteer Emergency Information Sheet

Volunteer's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

*What is the best way to contact you? (please circle) Home Work Cell Email*

*Please check any of the following which apply:*

Severe Allergy to drug (such as penicillin, insect bite, or any other agent)

Diabetes

High Blood Pressure

Chronic Disease (heart, kidney, liver, etc.)

Unusual Blood Condition (Hemophilia, etc.)

Other \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone# \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

*Responsible person to contact in case of an emergency. Give at least one local resident:*

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

***Authorization:***

***The above named person(s) is authorized to make whatever decisions are necessary in the event that I am unable to make these decisions for myself:***

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*Signature of Volunteer*

*Date*

# Madrona School

## Volunteer Confidentiality Policy

One feature of excellence at Madrona School is the commitment parents and others make to volunteering their time and service in support of our children's education.

It is very important that our volunteers demonstrate a high level of respect for our students and their families regarding confidentiality. Volunteers who work at Madrona are expected to honor the right of students and their families to maintain privacy. Information about student work, progress, behavior or family is to be kept confidential. **It is not appropriate to discuss a student's private information with other parents, volunteers or non-supervisory staff.** If a volunteer hears or sees something of concern, this should be reported directly to the classroom teacher or an administrator. At Madrona respect for students and families privacy is both a right and a responsibility for everyone.

I have read the above Madrona Volunteer Confidentiality Policy and agree to follow this standard of conduct in my work with this school.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

**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><b>(A) REQUESTING AGENCY/ADDRESS</b></p> <p><u>Madrona School</u> Agency</p> <hr/> <p>Attn <u>9300 236th St SW</u> Address</p> <p><u>Edmonds WA 98020</u> City/State/Zip</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Authorized Signature <u>Assistant Principal</u> Title</td> <td style="width: 40%; text-align: right;">Date <u>( 425 ) 431-7981</u> Area Code/Phone Number</td> </tr> </table> </div>	Authorized Signature <u>Assistant Principal</u> Title	Date <u>( 425 ) 431-7981</u> Area Code/Phone Number	<p><b>(B) PURPOSE</b> 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 &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p><b>Fees:</b> Make payable to Washington State Patrol by check, money order, or business account.</p> <p><b>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</b> _____ Notarized Letter(s)</p>
Authorized Signature <u>Assistant Principal</u> Title	Date <u>( 425 ) 431-7981</u> Area Code/Phone Number		

**(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: \_\_\_\_\_ / \_\_\_\_\_  
(optional)

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

**(D) WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**

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

MADRONA SCHOOL  
Requesting Agency

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

WSP Use Only

Applicant Right Thumb Print (Optional)