

Sept. 2007

Dear Parents and Community Members,

Thank you for your interest in volunteering at Sherwood Elementary. We welcome volunteers to become involved in our school and support the learning of all our students. There are many ways to become involved at Sherwood, from working in the office to going on field trips to reading with children. We encourage you to share your expertise with us and become involved in the learning of the students at Sherwood. Welcome!

In the Volunteer Packet you will find:

- Washington State Patrol Request for Criminal History Information - This is the form used to do a background check (bright yellow)
- Edmonds School District Human Resources Applicant/Volunteer Disclosure Statement (HR-120) (bright green)
- Volunteer Emergency Information - this form will be kept in the office so we can be ready to help you if an emergency ever arises. (pink)
- Strategic Volunteerism Guidelines and Contract (white)

Please return these four completed forms to your child's teacher or the Sherwood Elementary office as soon as possible. Once a background check is done you will be notified by a school staff member that you may begin volunteering.

(If you plan on driving students on field trips, in your own vehicle, you will have some additional forms and requirements to complete. Joni or Connie in the office can get you a "Parent Driver Forms" packet.)

Also included in this packet are some general guidelines and expectations for volunteers. These are just for your information and do not need to be returned to school.

Thank you for your time and efforts in getting this paperwork completed. We look forward to your participation and appreciate your time in working with students at Sherwood!

You do make a difference!

Expectations for Vounteers

- **BE CONSISTENT.** Make at time commitment that is really workable for you.
- **ARRIVE ON TIME.** Remember, the students expect you, and the teachers depend on you. Notify the teacher as far in advance as possible when you know you must be absent.
- **SIGN IN AND OUT** each time you are at school.
- **WEAR YOUR VOLUNTEER NAME BADGE** whenever you are in the school.
- **RESPECT CONFIDENTIALITY.** Students and their specific problems should not be discussed outside of school. Volunteers are also encouraged to not use students' names out of school. Be professionally discreet.
- **DRESS APPROPRIATELY.** Please do not wear clothes that are revealing or that display inappropriate slogans or logos. Some schools do not allow baseball caps.
- **LEAVE DANGEROUS MATERIALS AT HOME.** Schools are drug, tobacco and weapon free zones. Even pocketknives and mace are considered weapons.
- **RESPECT DIFFERENT CULTURES AND BELIEFS.** Please do not bring personal, religious, or political agendas with you to school.
- **SHOW RESPECT TO TEACHERS AND OTHER STAFF.** Realize that your relationship to school staff requires mutual respect and confidence.
- **ATTEND RELEVANT TRAINING SESSIONS** hosted at the school for volunteers whenever possible.

Remember that a school is a dynamic, ever-changing place with no two days alike. Your plan that worked yesterday may not be good today. Be flexible and keep a sense of humor. Laugh and enjoy yourself. We appreciate your support and time commitment.

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)

A

REQUESTING AGENCY/ADDRESS

Agency _____

Attn _____

Address _____

City/State/Zip _____

I certify this request is made pursuant to and for the purpose indicated.

Christa Keseler *Sept. 6, 2007*
Authorized Signature Date

Title _____

Area Code/Phone Number _____

B

PURPOSE

Check appropriate box

- Educational School District (ESD)/School District Volunteer - no fee
- Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)
- Profit Business/Organization - \$10
- Adoptive Parent - \$10

Fees: Make payable to Washington State Patrol by cashier's check, money order, or business account.

C

APPLICANT OF INQUIRY (please provide as much information as possible name and date of birth are mandatory)

Applicant's Name: _____
Last First Middle

as/Maiden Name(s): _____

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

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

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.



EDMONDS SCHOOL DISTRICT
HUMAN RESOURCES
APPLICANT¹/VOLUNTEER DISCLOSURE STATEMENT
(Reference RCW 28A.400, RCW 43.43)

YOU MUST ANSWER ALL EIGHT (8) ITEMS ON THIS FORM.

Applicant/Volunteer Name (Please Print) _____

1. Check any of the following for which you have been convicted, including any of these crimes as they may have been renamed: *(the term "convicted" includes all instances in which a finding of guilt, a plea of guilty or nolo contendere, or stipulation to facts or deferred prosecution, or suspended sentence occurred).*

- | | |
|---|---|
| <input type="checkbox"/> Custodial Assault | <input type="checkbox"/> First Degree Burglary |
| <input type="checkbox"/> First, Second, or Third Degree Assault of a Child | <input type="checkbox"/> Aggravated Murder |
| <input type="checkbox"/> First, Second, or Third Degree Assault | <input type="checkbox"/> First or Second Degree Murder |
| <input type="checkbox"/> Simple Assault | <input type="checkbox"/> First or Second Degree Extortion |
| <input type="checkbox"/> First or Second Degree Custodial Interference | <input type="checkbox"/> First or Second Degree Kidnapping |
| <input type="checkbox"/> Incest | <input type="checkbox"/> First or Second Degree Manslaughter |
| <input type="checkbox"/> First, Second, or Third Degree Rape of a Child | <input type="checkbox"/> First, Second, or Third Degree Rape |
| <input type="checkbox"/> Child Abandonment | <input type="checkbox"/> First or Second Degree Robbery |
| <input type="checkbox"/> Child Abuse or Neglect as Defined in RCW 26.44.020 | <input type="checkbox"/> Indecent Liberties |
| <input type="checkbox"/> Violation of a Child Abuse Restraining Order | <input type="checkbox"/> Felony Indecent Exposure |
| <input type="checkbox"/> Child Buying or Selling | <input type="checkbox"/> Vehicular Homicide |
| <input type="checkbox"/> First or Second Degree Custodial Sexual Misconduct | <input type="checkbox"/> Unlawful Imprisonment |
| <input type="checkbox"/> First, Second, or Third Degree Child Molestation | <input type="checkbox"/> Malicious Harassment |
| <input type="checkbox"/> First or Second Degree Sexual Misconduct with Minor(s) | <input type="checkbox"/> Criminal Abandonment |
| <input type="checkbox"/> Patronizing a Juvenile Prostitute | <input type="checkbox"/> First or Second Degree Criminal Mistreatment |
| <input type="checkbox"/> Selling or Distributing Erotic Material to Minor(s) | <input type="checkbox"/> Promoting Pornography |
| <input type="checkbox"/> Sexual Exploitation of Minor(s) | <input type="checkbox"/> First Degree Promoting Prostitution |
| <input type="checkbox"/> Communication with a Minor for Immoral Purposes | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> First Degree Arson | |

CHECK HERE IF YOU HAVE NOT BEEN CONVICTED OF ANY OF THE ABOVE, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED.

2. Check any of the following if you have ever been convicted of these crimes relating to financial exploitation where the victim was a vulnerable adult *(defined as adults of any age who lack the functional, mental, or physical ability to care for themselves).*

- First, Second, or Third Degree Extortion
- First, Second, or Third Degree Theft
- First, Second, or Third Degree Robbery
- Forgery
- Any of the foregoing crimes as they may have been renamed

CHECK HERE IF YOU HAVE NOT BEEN CONVICTED OF ANY OF THE ABOVE, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED.

IF YOU CHECKED ANY OF THE BOXES IN QUESTIONS 1 AND 2, INDICATING THAT YOU HAVE BEEN CONVICTED OF A CRIME (AS LISTED OR RENAMED), PLEASE ATTACH AN EXPLANATION.

¹ All prospective employees who will or may have unsupervised access to children under 16 years of age, developmentally disabled persons, and/or vulnerable adults are "applicants".

3. Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance?
 YES NO
4. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?
 YES NO
5. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor, or to have physically abused any minor?
 YES NO
6. Have you ever been found in any disciplinary board final decision to have sexually or physically abused any minor or developmentally disabled person, or to have abused or financially exploited any vulnerable adult? (*"Disciplinary board final decision" means (a) any final decision by the director of the Department of Licensing for real estate brokers and salespersons or (b) any final decision by a disciplinary authority under Chapter 18.130 RCW of the secretary of the Department of Health for the following businesses or professions: chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, and psychology*).
 YES NO
7. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?
 YES NO
8. Are you presently charged with, but not convicted of, any of the crimes or offenses described in Questions 1 through 7 above?
 YES NO

IF YOU ANSWERED YES TO ANY QUESTIONS 3 THROUGH 8, PLEASE ATTACH AN EXPLANATION.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature of Applicant/Volunteer

Date

An inquiry may be made to the Washington State Patrol or a federal law enforcement agency to verify your responses to the above inquiries. A copy of any response received pursuant to such inquiry will be made available to you.

Approved: yes no

**EDMONDS SCHOOL DISTRICT
VOLUNTEER EMERGENCY INFORMATION**

Home Phone () _____ Cell Phone () _____

Name _____ Address _____ City _____ Zip Code _____

Your Child's Name(s) _____ Child's Teacher(s) _____

Responsible adult to contact in case of emergency. Give one local resident.

Name _____ Relationship _____

Home Phone () _____ Work Phone () _____

Preferred Physician _____ Phone () _____

Alternate Physician _____ Phone () _____

Please check any of the following which you have.

- | | |
|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Unusual blood conditions (Hemophilia, etc.) |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Severe allergy to drug (such as penicillin, insect bite, or any other agent) |
| <input type="checkbox"/> Chronic disease (heart, kidney, liver) | <input type="checkbox"/> Other _____ |

AUTHORIZATION:

The above named person(s) is authorized to make whatever decisions necessary in case I am unable to make these decisions for myself.

Signature of Volunteer

Date

Check all that apply: Lunch Buddy Student Teacher Classroom Helper Tutor

STRATEGIC VOLUNTEERISM GUIDELINES AND CONTRACT

Effective Volunteers

Will...

- engage in positive and supportive relationships with their student(s)
- respect culture, religion, and lifestyle diversity
- be respectful of teachers' time constraints and their authority in the classroom
- respect students' dignity
- be positive role models
- be good listeners, patient, flexible, and nurturing
- be non-judgmental and allow students to make mistakes
- separate personal goals from those of the students
- respect the confidentiality of students and staff
- ask for help when needed
- support, not replace, the role of parents or guardians
- remain calm, cool, and collected in frustrating and stressful situations
- reinforce students' successes
- follow school policies and procedures
- overcome setbacks or disappointments
- meet on a regular basis; be reliable, prompt, and dependable
- make a commitment for the duration of the school year

Avoid...

- expecting dramatic changes in attitude, self-esteem or behavior
- breaking the trust they have established with students unless life threatening
- bringing personal agendas (i.e. religious or political) to their experience

In return for my volunteer service, I will receive training, encouragement and ongoing support, specifically, supervision and recognition from the district coordinators and school staff. I may also attend relevant workshops as offered.

I grant permission for my photo to be used for publicity purposes for volunteer opportunities in the Edmonds School District. YES NO

I understand that all volunteering relationships established through the Strategic Volunteerism Program take place with the student on the school campus, during school hours or at other school authorized activities ONLY.

I also understand that the Edmonds School District and the Strategic Volunteerism Program have a zero-tolerance policy with regard to sexual harassment, drugs and alcohol, and weapons.

Signature: _____ Date: _____