

VOLUNTEER APPLICATION



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The Volunteer Application **QGV** Volunteer Disclosure **I** forms must be completed **DQG W U Q H G L Q W Z R Z H H N V** before **RQ W H H U L** can begin.

Please complete the forms and return them with a copy of your driver's license or valid photo identification to:

Parents, guardians or other family member: please return to the student's school office

Community members VGM and all others: please return to Northshore School District, Attn: Partnerships &

Volunteer Coordinator, 3330 Monte Villa Parkway, Bothell, WA 98021

SECTION 1 (for ALL Volunteers):

JBSUUGLIPLOBBEU **BOPE BERPPDBBEU **AVG****

Full Legal Name **HJUVWOLGGH/DVW** **BB**

Address _____ City & Zip _____

ZHHSKRQH **BB** Email _____ **BBBBB**

)RURUEDFNURQGEKHFN **SHDVHSUR LGHWKH **IRBZLQDQIRUPDWLRQ****

ODLGHQDDVHV **UHDRM IDPH **BB** **BBBBBB****

DWHRIDUWK **BB** **HQGHUB** **BBBBBBBBBBBBBBBBBBBB** **5DFH** **BBBBBBBBBBBBBBBBBBBB** **BBBBBB**

RZRQKDHR **DHGLQ DVK **LQWRQ6** **WDWH** **HDUVR** **IEUHQ** **WERQWLQRM** **UHVLC** **BB** **BBBBBBBBBBBBBBBBBBBB** **BBBBBB****

(PH UHQF & **RQWDFW **QIRUPDWLRQ****

)QEDVHRIHPHUHQFQRW **L **BB** **5HDWLRQ** **VKLS** **BBBBBBBBBBBBBBBBBBBB** **BBBBBB****

ZHHSKRQH **BB** **(P** **L** **BBBBBBBBBBBBBBBBBBBB** **BBBBBB**

6 (& 7, 21 **TRU8DUHQWV **DUGLDQV**) **DPL0HPEHUV** **21** /**

Child/Children's School(s) _____ **BBBB**

Child/Children's Names & Grades(s) _____ **BBB**

Reason for Volunteering _____ **BBB**

Please list any Northshore school where you currently volunteer _____ **BBB**

6 (& 7, 21 \$ O O 9 R O X Q W H H U V

Please read the following and sign and date below.

Volunteers undergo a background check with the Washington State Patrol Access to Criminal History (WATCH). A written copy of the WATCH results **Z** be provided to the volunteer upon request within ten (10) days of completing the report. Questions regarding the information contained in the report should be addressed to the Identification & Criminal History Section of the Washington State Patrol at 360.534.2000.

All information in this application is accurate to the best of my knowledge. I have received and read the Northshore School District Volunteer Handbook. I understand the information in the handbook and agree to comply with its guidelines. As a condition of volunteering for the Northshore School District, I accept and assume the risks of personal injury or property damage that may result from my volunteer experience, including but not limited to any activity while volunteering on school property. I hereby agree to waive any and all claims arising out of any such injury or damage. I also agree to respect the confidentiality of all information concerning students, staff or other participants with whom I work. I have signed the attached disclosure form and completed the Washington State Patrol Form.

Signature _____ Date _____

Please Print Name _____

SECTION 4 (All Volunteers):

Academic

- reading
- publishing
- writing
- math
- science
- technology
- art

Administration/Non-Academic

- office/library
- bulletin boards
- lunch/playground
- classroom support

Special Interests

- chaperone
- field trip driver
- athletics
- school/district events
- students with disabilities
- limited/non-English students
- Other _____

** volunteers who drive on field trips must contact the school office, complete the "Authorization for Use of Private Automobile" form, and provide proof of insurance

Languages spoken _____

Special skills _____

SECTION 5 (Community Members, Students, and Alumni ONLY):

Please check when you are available to volunteer and the specific times.

- once a week once a month one time only _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Hours Available Per Day _____ Date you can begin _____ Can you volunteer for the entire school year? _____

Grade Level Preferences

Grade Level: Preschool Elementary School Middle School High School
 (please circle) P K 1 2 3 4 5 6 7 8 9 10 11 12

School where I prefer to volunteer _____ No Preference

SECTION 6 (Community Members, Students, and Alumni ONLY):

You are also welcome to submit a resume but please highlight relevant experience. If needed, please continue answers on a separate sheet.

Current occupation and employer _____

Previous work with children: _____

Previous volunteer experience: _____

Education/Training: _____

Reason for volunteering: _____

If we need additional information, please provide references (non-relative) we can contact and their relationship to you.

Name _____

Telephone _____

Email _____

Relationship _____

Name _____

Telephone _____

Email _____

Relationship _____