



## VOLUNTEER APPLICATION

*Thank you for your interest in volunteering in the Northshore School District.*

The Volunteer Application, Volunteer Disclosure, and State Patrol Request for Criminal History Information forms must be completed before service can begin. Please complete all three forms and return them to: for parents, guardians or other family members — the child's school; for all others — Northshore School District, Attn: Volunteer Coordinator, 3330 Monte Villa Parkway, Bothell, WA 98021. Please attach a copy of your driver's license or other valid photo identification.

### **SECTION 1 (for ALL Volunteers):**

Please check one. I am a:  parent/guardian/family member  community member  student  
Full Legal Name \_\_\_\_\_  M  F Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City & Zip \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ Telephone (cell) \_\_\_\_\_  
Email \_\_\_\_\_ Telephone (work) \_\_\_\_\_  
In case of emergency, notify \_\_\_\_\_ Telephone \_\_\_\_\_

### **SECTION 2 (for Parents/Guardians or Other Family Members ONLY):**

Child/Children's School(s) \_\_\_\_\_  
Child/Children's Names & Grades(s) \_\_\_\_\_  
Reason for Volunteering \_\_\_\_\_  
Please list any Northshore school where you currently volunteer \_\_\_\_\_

### **SECTION 3 (for ALL Volunteers):**

Please read the following and sign and date below.

**NOTE:** Volunteers undergo a background check with the Washington State Patrol Access to Criminal History (WATCH). A written copy of the WATCH results will be provided to the volunteer upon request within ten (10) days of completing the report. Anyone whose results have a direct match will automatically be sent a copy of his/her report 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 \_\_\_\_\_

**Students and Community Members ONLY: Please also complete the other side. →**

**SECTION 4 (for Students and Community Members ONLY):**

Current occupation and employer \_\_\_\_\_

Previous work with children \_\_\_\_\_

Previous volunteer experience \_\_\_\_\_

Education/Training \_\_\_\_\_

Reason for volunteering \_\_\_\_\_

**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                      Junior High 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

- Interests:**
- reading
  - publishing
  - writing
  - library
  - field trip driver\*
  - other \_\_\_\_\_
  - languages spoken \_\_\_\_\_
  - special skills \_\_\_\_\_
  - math
  - science
  - computers
  - art
  - athletics
  - phone work
  - helping with bulletin boards
  - classroom
  - students with disabilities
  - limited / non-English students

\* 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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_