



## 2017-2018 Volunteer Application Packet for applicants referred by the UW Pipeline Project Instructions and Check List

<b>Applicant Name</b>	
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Thank you for your interest in volunteering with Seattle Public Schools!

We value the contributions made to school programs through volunteer service and are grateful to community members for supporting our students. Please follow steps 1-5 to submit your application. Submit your application to your preferred site as early as possible – volunteers are placed on a first come, first serve basis.

1. Complete pages 2-4 of this packet and attach copies of documents on the check list.
2. Complete the Adult Sexual Misconduct Prevention course at [www.seattleschools.org/asmvolunteer](http://www.seattleschools.org/asmvolunteer)
3. Review Volunteer Handbook at [www.seattleschools.org/volunteerhandbook](http://www.seattleschools.org/volunteerhandbook) .
4. If you are an out-of-state student, email [volunteer@seattleschools.org](mailto:volunteer@seattleschools.org) to receive national background check instructions. No action required if you are an in-state or international student.
5. Complete the check list below and bring your application packet to principal-designated SPS staff who will verify your identity in person and initiate a background check, if applicable.

### SPS VOLUNTEER ON-BOARDING CHECK LIST

<b>Applicants complete white fields. Gray fields for principal's designee use only.</b>		Designee Initials
<input type="checkbox"/> Did you include a copy of a government photo ID? This copy will be shredded after your background check process is complete.		
<input type="checkbox"/> Did you initial, sign and make a copy for your records of legal agreements on page 3?		
<input type="checkbox"/> Did you complete the Adult Sexual Misconduct Prevention course? If so, attach your completion certificate or let us know the date you completed the course: _____		
<input type="checkbox"/> Did you review the Volunteer Handbook?		
<input type="checkbox"/> Did you disclose your criminal history? Due to risk management restrictions, SPS staff is unable to approve applicants who don't disclose all arrests and charges.		
<input type="checkbox"/> If you are an out-of-state student, did you complete the online background check?		
PRINCIPAL'S DESIGNEE BELOW THIS LINE ONLY		
<input type="checkbox"/> Did you verify the applicant's identity in person using a government-issued photo ID?		
<input type="checkbox"/> Was background check cleared? UW Pipeline volunteers are screened based on an SPS-UW agreement: <b>WATCH for in-state students</b> – background check to be completed by the school. <b>Verified Volunteers for out-of-state students</b> – to be completed by the student. If student completes this step, they will be listed as "Eligible" in the ASM-VV spreadsheet shared with schools on Mondays. <b>International students</b> – no action required by the school; UW Pipeline confirms their F1 visa status.		
Volunteer Approver Name/Title (Print)	Volunteer Site Approver Signature	Date



# SPS Volunteer Application-Screening-Disclosure Form

To be completed by applicant and to be approved by the building administrator or program manager

## VOLUNTEER GENERAL INFO

Name (First, Last): \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Aliases/Maiden Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Check One; Are you a:  UW in-state student  UW out-of-state student  UW international student

If you are an out-of-state student, email [volunteer@seattleschools.org](mailto:volunteer@seattleschools.org) to receive national background check instructions.

If you are a UW international student or in-state student, do not contact this email address.

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you require any special accommodations in a work environment?  No  Yes, please describe:

## VOLUNTEER EMERGENCY INFORMATION

Name (First, Last)	_____	Relationship	_____
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Phone	_____	Email	_____
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Your Doctor's Name	_____	Dr. Contact #	_____
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## VOLUNTEER REFERENCES

Please share one personal and one professional or academic reference.

Name (First, Last)	_____	Relationship	_____
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Phone	_____	Email	_____
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Name (First, Last)	_____	Relationship	_____
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Phone	_____	Email	_____
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## VOLUNTEER, LIFE AND PROFESSIONAL EXPERIENCE

I have more than 16 hours of direct volunteer experience with K-12 aged youth in the following settings:

- Educational  Athletic or Recreational
- Social services (e.g. shelter for homeless youth)
- Church/Mosque/Synagogue/Temple
- Other settings, specify: \_\_\_\_\_

I have more than 16 hours of direct experience tutoring:

- Native Speakers of English  English Language Learners
- K-5 Students  Middle Schoolers  High Schoolers
- Literacy / Reading  Writing  Math
- Other subjects, specify: \_\_\_\_\_

I have the following experiences that may be helpful in making a successful tutor/student match:

Examples: I play soccer, I am pursuing a career in public policy, I am Latinx, I have my own dog walking business.

## SCHOOL & SHIFT PREFERENCE: ENTER SHIFTS OFFERED BY THE SCHOOL VIA PIPELINE

School Name _____	<b>1<sup>st</sup> Choice</b>	Weekly Commitment Day: _____ Hours: _____ - _____
	<b>2<sup>nd</sup> Choice</b>	Weekly Commitment Day: _____ Hours: _____ - _____

Do you have a personal connection to this school? Former student, live in the neighborhood, etc. \_\_\_\_\_

**Volunteer Commitment:** I know that shifts are filled on a first come, first serve basis. I understand that the student/tutor partnership is most impactful when students can count on my regular, predictable attendance. Once SPS and I confirm my shift, I commit to attending all scheduled sessions. If I am unable to attend, I will notify my SPS supervisor at least 24 hours in advance. In case of illness, I will notify my SPS supervisor at least one hour in advance. I will work with my SPS supervisor to make up my missed session before the end of the quarter on a day other than my regularly scheduled weekly shift. Initial here: \_\_\_\_\_



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**PLEASE READ & INITIAL EACH STATEMENT BELOW. KEEP A COPY FOR YOUR RECORDS.**

### Safety and Liability (please initial each statement after you read it)

\_\_\_\_\_ As the relationship with a student progresses, student will likely begin to trust and confide in you. You should take time to listen and show them that you care. It is best practice to avoid making promises and make sure to report to staff any behaviors or communications that concern you.

\_\_\_\_\_ Personal information about yourself should be shared only as it is relevant to the work you are doing with the student. Do not give any personal contact information to student, including your social media contact information.

\_\_\_\_\_ Some students, typically at elementary level, will naturally become attached and show affection. Handle the situation with sensitivity. Front hugs are NOT allowed. Instead, carefully put your arm around a child's shoulder and turn it into a side hug or give "high fives." Students should never sit on your lap regardless of age.

### Working with Children from Diverse Backgrounds (please initial each statement after you read it)

\_\_\_\_\_ Students in Seattle Public Schools come from many different families, cultures, and communities--each with its own set of values and beliefs. Be mindful of different cultural norms that every student has. Understanding the students' cultures and helping students' to understand the school culture will increase their ability to learn. Please do not impose your personal values and belief onto the students.

### Confidentiality (please initial each statement after you read it)

\_\_\_\_\_ Students in Seattle Public Schools have the right to expect that information about them will be kept confidential by all volunteers. Additionally, all information contained within a student's educational record is considered confidential and protected by a federal law, the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. Section 1232g. Volunteers are expected to maintain student confidentiality.

\_\_\_\_\_ Each student you work with has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized school department employees, as designated by the administrators at your volunteer site.

\_\_\_\_\_ You may NOT share information about a student with anyone, including your best friend, significant other, or individuals who are genuinely interested in the student's welfare, such as social workers, scout leaders, clergy, grandparents, or nurses/physicians. Thus, you must refer all such questions to authorized school employees, typically the student's teacher or principal.

\_\_\_\_\_ Information about a student may be communicated to school staff and school administration. Information shall be communicated immediately if it is a medical emergency OR if a student shares information that indicates a threat of imminent physical injury to the student or others.

\_\_\_\_\_ Before you speak about a student to another person, remember that violating a student's confidentiality is not only impolite; it's also against the law.

### **Volunteer Agreement**

*I (print name), \_\_\_\_\_, will take the above statements (and the remaining guideline in the Volunteer Handbook) into consideration during and after my time as a volunteer for SPS. I acknowledge that I have been made aware of where to find the Volunteer Handbook for future reference and to whom I can speak to regarding any questions or concerns I may have. I also acknowledge that I will need to complete the online Adult Sexual Misconduct Prevention course AND meet criteria for background check clearance prior to volunteering with SPS students. In addition, while volunteering, I understand that my photo could be used in a SPS publication unless I opt out with the site coordinator. I understand that volunteering at a school or in a program with students is a privilege and that the Principal or Program Manager can terminate my eligibility to volunteer.*

Volunteer Name (Print)

Volunteer Applicant Signature

Date



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To be completed by applicant and to be approved by the building administrator or program manager

### Request for Criminal History Information

*in accordance with Child/Adult Abuse Information Act (RCW 43.43.830 through 43.43.845)*

The Washington State Legislature has helped us assure security for children by allowing background checks on all people who work with children in schools and in accordance with Chapter 43.43 RCW, prospective volunteers are required to complete this disclosure form. Seattle Public Schools care about our students and therefore we support this requirement and work to ensure all volunteers complete this form and undergo a background check each school year prior to beginning as an active volunteer.

**Prospective volunteers are required to complete the disclosure questions below by answering YES or NO to EACH.**

If the answer is YES to any question, please explain in the area below as much detail as possible including the charge/ finding, date and the court(s) involved. Please use the next page to add any additional info (you can also attach an additional page if needed).

1	Have you been arrested or convicted for any crimes?	<input type="checkbox"/> No <input type="checkbox"/> Yes, <i>explain</i> :
2	Have you been found in any dependency action under Chapter 13.34 RCW to have sexually assaulted or exploited any minor or to have physically abused any minor?	<input type="checkbox"/> No <input type="checkbox"/> Yes, <i>explain</i> :
3	Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually assaulted or exploited any minor or to have physically abused any minor?	<input type="checkbox"/> No <input type="checkbox"/> Yes, <i>explain</i> :
4	Have you been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?	<input type="checkbox"/> No <input type="checkbox"/> Yes, <i>explain</i> :
5	Other than any matter above, is there any other fact or circumstance involving you and your background that would call into question you being entrusted with the supervision, guidance and care of young people, vulnerable adults or developmentally disabled persons?	<input type="checkbox"/> No <input type="checkbox"/> Yes, <i>explain</i> :

*I have read the information contained in this application. Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I authorize Seattle School District No. 1 to conduct a background check and to obtain any and all information needed to process my volunteer application. I further authorize any person contacted by the Seattle School District to provide information to the Seattle School District about my volunteer application. I understand that information from others will not be made available to me. I hereby release and hold harmless Seattle School District No. 1 and all references from any and all liability in obtaining or disclosing such information about my background. I understand that the District may, at its discretion, exclude me from volunteering for any reason, including any misleading or incomplete statements on this application.*

*I understand that the failure to answer any question truthfully will automatically disqualify you from volunteer and employment opportunities with Seattle Public Schools.*

Volunteer Name (Print)

Volunteer Applicant Signature

Date

**Please submit your completed packet to principal-designated SPS staff member at least 2 weeks before expected volunteer service start date. Your background must be cleared and application approved before this date. Thank you!** Updated 12/18/17