



## 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 will be provided with a copy of their Washington State Patrol Access to Criminal History (WATCH) report. Parents will be emailed their results within ten (10) days of completing the background check. Be sure to include your email address in Section 1 above. 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 \_\_\_\_\_