

Issaquah School District

Student Volunteer Application

(For use by students in grades K-12 only)

Today's Date ____/____/____

To Be Completed by Student

Male Female Date of Birth ____/____/____

Full name _____

first middle last

Address _____ City _____ State ____ ZIP _____

E-mail _____ Phone # _____

Current School _____

Parent/Guardian Name _____ Phone # _____

School(s) where I wish to volunteer _____

(Please note: If you plan to volunteer only at your own school, you do not need to complete this form).

Volunteer activities (ex: mentoring, reading help, math help, tutoring, VOICE, etc.)

All information in this application is accurate to the best of my knowledge. I know that students and schools depend on volunteers to be responsible and act appropriately. I will arrive at the designated day and time and will fulfill my volunteer assignment in a responsible manner. I agree to follow the instructions of teachers or supervisors and know that my volunteer privileges can be taken away if my behavior does not meet district standards. I understand that names of approved volunteers may be released to ISD PTSAs, upon request, for the purpose of recruiting volunteers or verifying approval status for school activities.

Manual signatures are required for this form.

Applicant signature _____ Date _____

To Be Completed by Parent/Guardian of Student

I give my permission for this student to volunteer in Issaquah School District.

Parent/guardian signature (if applicant is under 18) _____

Date _____

To Be Completed by Principal or Counselor at Current School that the Student Attends

I would recommend this student as a volunteer.

Signature of Principal or Counselor _____

Printed Name _____ Date _____

Please return completed form to the school office where you will be volunteering or the VOICE Office.

Student Volunteer Release/Hold Harmless Agreement

Volunteer Name _____

Volunteer Phone Number _____

School Name _____

This agreement includes all Issaquah School District activities I choose to participate in during the current School Year _____ (example: 2018-2019)

Location of activity _____

(If form is for various ongoing activities –use the name of the school the activity is associated with.)

The undersigned desires to participate as a volunteer and/or contractor for events and/or activities during the time period named above.

I ACKNOWLEDGE the Issaquah School District will make every attempt to insure my safety while participating in the volunteer and/or contractor event/activity, but there are certain inherent risks involved that may be unavoidable resulting in bodily injury or property damage to myself or others.

I further acknowledge the Issaquah School District does not provide any accidental medical insurance coverage for the activity and that I assume all risks of injury or damage to my person or property. I agree to hold and save harmless the Issaquah School District, its School Board and Employees, and assigns for any claims, suits or damages (including but not limited to defense and indemnification) which might result from my participating in the above-described event/activity.

I (and Guardian) also understand that Issaquah School District does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

I am aware that VOICE Program Personnel may be in contact with me in person or via phone, text or email to discuss VOICE business.

Signed _____ Date _____

(If under 18 years of age, parent’s signature is required below)

Signature of Parent/Guardian _____ Date _____

(If applicable)

Adopted: 8/20/09

Revised: 3/13/19

Student Volunteer Checklist/Agreement

The District recognizes the valuable contribution made to the total school program through the volunteer assistance of parents and other citizens. We thank you for your assistance and support. To safeguard students and student records it is necessary that all volunteers be screened and trained regarding their involvement with students and school activities. Staff and volunteers should allow a minimum of forty-eight (48) hours after all forms have been completed and submitted for a volunteer applicant to receive clearance to begin serving as a volunteer. We thank you for your understanding of the need for these safeguards. Please read and check each of the statements below.

_____ Complete the Washington State Patrol Request for Criminal History Information form (Sections C and D) and return to the school secretary. This form is good for one year. If you have completed this form for another school or group, you may provide us with a copy for our file.

Your signature below indicates your agreement to abide by all of the following expectations and that you have completed the above forms prior to providing volunteer services.

Role and Expectations

_____ Volunteers serve as helpers. I understand that all volunteer activities are to be conducted under the supervision of district staff, and that all instructional service is to be rendered under the control and supervision of certificated staff.

_____ Staff members will determine and notify volunteers if any specific training or direction is required before assisting with an activity. I will confirm assigned responsibilities and expectations with the supervising staff member before beginning any activity.

_____ Student problems which arise, whether of an instructional, medical, behavioral or operational nature shall be referred to a regular staff member for final resolution.

_____ I will follow the building's procedures for signing in and out each and every time I volunteer at the school.

_____ I will wear an identification badge/tag/pin as required by the school.

_____ I understand that I am required to follow all district policies and procedures. I understand that failure to follow district policy and procedures, or any part of this Agreement, may result in my volunteer status being revoked and could in some cases subject me to legal liability.

_____ I understand that I cannot proselytize, invite students to events, or ask for students' contact information.

_____ I understand that VOICE Personnel may be in contact with me in person or via phone, text or email to discuss VOICE business.

Use of District Technology

_____ I will not use computer systems, logins, or accounts that have been assigned to someone else. If authorized to use a district computer I will sign and abide by the district Responsible Use Guidelines.

Confidentiality

_____ I understand that volunteers shall not discuss the performance, actions, or any other information about any student except with the student's teacher, school counselor or principal. This is not only district policy but is also mandated by federal statute, The Family Educational Rights and Privacy Act, 34 CFR Part 99. I understand that confidentiality pertains to both written records and verbal statements.

Name of Volunteer – Please Print

Children's Names - if Current ISD Students

Signature of Volunteer
(If under 18 years of age, parent's signature is required below)

Date

Signature of Parent/Guardian
(If applicable)

Date