



Washington School for the Deaf
 Volunteer Department
 611 Grand Blvd
 Vancouver WA 98661-4918
 (360) 696-6525 ext 4361
 sharon.caton@wsd.wa.gov

FOR OFFICE USE ONLY: Date Rec'd: _____ Background Fee Rec'd: _____ WSP Run Date: _____ Orientation Date: _____
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VOLUNTEER APPLICATION

PERSONAL INFORMATION

First Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____ Email/Pager: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
 Phone: _____ Cell/Pager: _____

PERSONAL REFERENCES (please list two people, not including relatives)

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

EDUCATION

Are you presently in middle school or high school? YES NO Current Grade: _____
 Name of School: _____

LANGUAGE SKILLS

Are you currently enrolled in a sign language course(s)? YES NO
 Have you completed a sign language course(s)? YES NO
 Name of school or program: _____

Please circle appropriate American Sign Language skill level:

None Beginner Strong Beginner Intermediate Advanced Native

VOLUNTEER AVAILABILITY (PLEASE BE SPECIFIC)

How many hours per week would you like to volunteer? _____

Date/Times available:

Monday _____ to _____ Tuesday _____ to _____
 Wednesday _____ to _____ Thursday _____ to _____

Would you be interested in being informed of additional one-time volunteer assignments?
 YES NO

<u>SKILLS & INTEREST AREAS</u>	<u>VOLUNTEER EXPERIENCE/INTERESTS</u>
<ul style="list-style-type: none"> — Classroom Assistant — Field Trips — Clerical/Office Help — Drama/Theatre — Library — Math - Elementary — Math - Middle School — Math - High School — Academic Tutors — Mentoring Children — Mentoring Teens — Special Activities — Physical Education — Job Coach on campus — Summer Programs — Special Need Students — After School Activities (electives vary) — Residential Tutor — Reading Helper — Other - (list here) 	<p>Why do you want to volunteer at WSD? _____</p> <p>_____</p> <p>_____</p> <p>Have you volunteered at WSD before? _____</p> <p>If yes, when? _____</p> <p>Hobbies and interests: _____</p> <p>_____</p> <p>_____</p> <p>Describe your present or previous volunteer experience? _____</p> <p>_____</p> <p>_____</p> <p>List any special skills you have: _____</p> <p>_____</p> <p>_____</p> <p>Any additional information you would like us to know about? _____</p> <p>_____</p> <p>_____</p>

Certification of Volunteer Applicant: By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in the exclusion from further consideration or, if selected to volunteer, termination of the volunteer relationship. If I have requested here in that my present employer or volunteer supervisor not be contacted, selection as a volunteer may be conditional upon acceptable information and verification from such employer or volunteer supervisor prior to beginning work. I understand that if I am accepted as a volunteer at WSD that my volunteer services maybe terminated at anytime with or without notice for any reason deemed appropriate by the school. As I volunteer I agree to follow all rules, policies and procedures of WSD which are applicable to my volunteer services.

Volunteers Signature: _____ Date: _____

Parental Consent (required for applicants under 18 years of age): As a Parent/Guardian, I have read and understood the requirements and commitments for my son/daughter to volunteer at WSD and here by grant full permission for his/her participation as a WSD volunteer. I agree to accompany him/her to all volunteer activities.

Parental/Guardian Consent Signature: _____ Date: _____

DISCLOSURE STATEMENT

This disclosure statement shall be completed and signed prior to volunteer services for Washington School for the Deaf.

I hereby declare that I have/have not been: (put a YES or NO by each listing)

- _____ convicted of any crime against children or other persons;
- _____ convicted of crimes relating to financial exploitation, the victim was a vulnerable adult;
- _____ convicted of crimes related to drugs as defined in [RCW 43.43.830](#);
- _____ found in any dependency action under [RCW 13.34.040](#) to have sexually assaulted or exploited any minor or to have physically abused any minor;
- _____ found by a court in a domestic relations proceeding under [Title 26 RCW](#) to have sexually abused or exploited any minor;
- _____ found in any disciplinary board final decisions to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult;
- _____ found by a court in protection proceeding under [Chapter 74.34 RCW](#), to have abused or financially exploited a vulnerable adult.

I certify under penalty of perjury, under the laws of the state of Washington that the proceeding are true and correct:

Date of birth: _____ Maiden name or other aliases used: _____

Print Name: _____ Signature: _____

Date: _____ Place signed (city, county, state) _____

****ATTACH A CLEAR COPY OF YOUR PHOTO ID****

YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT PHOTO ID OR \$ 10 BACKGROUND CHECK FEE

VOLUNTEER AGREEMENT

Please initial by each comment.

_____ I agree to abide by the policies of Washington School for the Deaf. I understand that a student handbook and a volunteer policy manual are available in the Volunteer Center.

_____ I will not discriminate in the performance of my duties on the basis of race, color, sex, religion, marital status, national origin or the presence of any physical, mental or sensory handicap.

_____ I will not represent myself as an employee. I do not expect to receive any monetary compensation for my services.

_____ I will not disclose any information about staff, students or clients that I gain as a result of my duties regardless of the source of information.

_____ I agree to meet time commitments and standards agreed to, except in exceptional circumstances, and to give reasonable notice so other arrangements can be made. I understand that if I do not inform the Volunteer Coordinator of my absence, I can be called to a meeting with the Volunteer Coordinator and be discharged.

_____ I agree to wear a name tag at all times.

This agreement is binding in honor only; it is not intended to be a legally binding contract and may be cancelled at any time at the discretion of either party. It is understood that volunteer activities are not an employment relationship either now or at any time in the future.

Signature: _____

Date: _____