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:_____

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

SKILLS & INTEREST AREAS	VOLUNTEER EXPERIENCE/INTERESTS
— 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) _____ _____	Why do you want to volunteer at WSD?_____ _____ _____ Have you volunteered at WSD before?_____ If yes, when?_____ Hobbies and interests:_____ _____ _____ Describe your present or previous volunteer experience?_____ _____ _____ List any special skills you have:_____ _____ Any additional information you would like us to know about?___ _____ _____

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 (*required for applicants under 16 years*)

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 WITHOUT THE $ 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 contact 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:_____