



UNDER 18 SCHOOL VOLUNTEER APPLICATION

(CONFIDENTIAL-Please Print)

Welcome and thank you for your interest in volunteering in Washoe County School District. In an effort to keep our schools safe, we ask that you take a few moments to complete this volunteer application form. **Return the completed application to your school contact.**

Date_____ Picture ID Check_____
 (Initial and attach a copy of picture ID)

Ethnic Code Identification: (Check the code that best represents your ethnic identity)

Alaskan / Indian_____ Asian / Pacific_____ African-American_____ Hispanic_____ Caucasian _____

School _____ Program/Purpose _____

Name _____
 (Last) (First) (MI)

Phone _____ Email _____

Address _____
 (Street) (City & State) (Zip Code)

Date of Birth _____

In Case of Emergency contact:

(Name) (Relationship to you) (Phone)

Are you a student in a WCSD School? If yes, please list the school:

Are you volunteering as part of a school, community organization or business? If yes, please list the name/s:

If you are NOT a WCSD student, please provide two (2) references (non-relative) who know you:

(Name) (Relationship) (Phone) (Initial Reference Checked)

(Name) (Relationship) (Phone) (Initial Reference Checked)

OFFICIAL USE ONLY

Questions? Contact Lisa-Marie Lightfoot, Volunteer Services (District mail address), Located at 7495 South Virginia, Reno, NV 89511-1113, Phone: 775-851-5655 Fax: 775-851-5669 Email: lightfoot@washoe.k12.nv.us

School Police check _____ Valid DL _____ SO Check _____ Fingerprinting check _____

Notes: _____

DISTRIBUTION: School, Volunteer Services; FIB Office, Volunteer Services

(Continued)

PARENT PERMISSION TO VOLUNTEER WITH THE WASHOE COUNTY SCHOOL DISTRICT

I, the undersigned parent/guardian agree to hold the WCSD and its agents harmless from all suits and claims arising out of and in conjunction with student volunteering at WCSD.

In case of an accident or illness, the acting supervisor has my permission to secure medical attention as deemed necessary and if unable to communicate with immediately.

PARENT SIGNATURE _____ DATE _____

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VOLUNTEER COMMITMENT AND PROCEDURES
READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND DATING THIS APPLICATION

Screening: For the safety of students, all prospective volunteers will be asked to complete an Under 18 School Volunteer Application and provide a photo I.D.

Confidentiality: What you hear and observe about students, families, and staff while volunteering in a school is **confidential**. Repeating a seemingly harmless comment can lead to misunderstandings and hurt feelings. For schools to provide the best environment for learning, everyone's privacy must be respected.

Liability: The Washoe County School District is proud to provide liability coverage and an accident policy for its volunteers, which will provide up to \$1,500 after any other valid and collectable insurance. In order to have this protection, **all volunteers must sign in on the school's volunteer / visitor sign in sheet** (in every school office) every time they volunteer. Volunteers are not covered by Workers' Compensation. Parents are discouraged from bringing younger children to school, but the final decision rests with each school principal/authority.

Child neglect and abuse reporting: School volunteers are obligated under mandatory child reporting laws to report any suspected child neglect or abuse. If you suspect child abuse, immediately contact the school principal or school counselor.

Supervision: Volunteers perform under the direction and supervision of school personnel. Volunteers should know and follow school policies and rules. The District, in its discretion and without a statement of reasons, may suspend any volunteer from further volunteer activities pending any background check. No statement by the District establishes a property right to perform volunteer work.

Communication: If you are unable to make it to school when you are expected, please call the school and leave a message. Similarly, school staff will contact you if your time is cancelled or changed for any unforeseen reason. You may contact the WCSD Volunteer Services Office at 775-851-5655, or email llightfoot@washoe.k12.nv.us with questions or for assistance.

Student / Volunteer relationships: Volunteers function in a position of trust and Washoe County School District does not extend that volunteer / student trust relationship outside of the supervised school environment. It is the responsibility of the volunteer to notify the site administrator immediately if he/she becomes involved with a student / family outside the WCSD environment.

I affirm that I have read and understand all the information on this Adult School Volunteer Application and that all the information I have provided in this application is true and complete to the best of my knowledge. I understand that WCSD reserves the right to verify all information on this application form and that any false statements or failures to disclose information may be sufficient to disqualify me as a volunteer. I hereby authorize Washoe County School District to obtain information relating to my current and / or previous employment, education, and personal history records.

(Volunteer Signature)

(Date)

VOLUNTEER, PLEASE PRINT NAME HERE: _____