



Welcome to Summit Public Schools!

We are excited that you are going to volunteer your time and energy with our organization. This volunteer packet will answer questions you might have about Summit and about next steps to set you up to volunteer with our students. This packet includes the following:

- Introductory Application Information
- Volunteer Code of Conduct
- Emergency Information
- Applicant Disclosure Affidavit
- Authorization to Release Information
- Mandated Reporting Code Form
- Corporal Punishment Policy Form
- Confidentiality Agreement

To help us keep our schools and students safe, it is required prior to volunteering at Summit Public Schools, you must print, read, complete and submit this packet to your School Operations Manager and to Human Resources before you begin volunteering.

As you read through this packet and complete each step, remember that we are thrilled that you have chosen to give so much to the organization that we love.

Emailed submission of your completed packet should be sent to your School Site Operations Manager and to the Human Resources team at [hr@summitps.org](mailto:hr@summitps.org)

If you have any questions or experience difficulties in completing these actions, please contact us for assistance.

# VOLUNTEER APPLICATION INFORMATION

DATE \_\_\_\_\_ SCHOOL SITE \_\_\_\_\_

FULL NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Have you ever used another name? \_\_\_ If yes, what? \_\_\_\_\_



ADDRESS \_\_\_\_\_  
(STREET) (CITY) (ZIP)

PHONE NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

GOV ISSUED ID TYPE \_\_\_\_\_ ID # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

CURRENT EMPLOYMENT \_\_\_\_\_  
(EMPLOYER'S NAME)

\_\_\_\_\_  
(EMPLOYER'S ADDRESS) (PHONE)

PERSONAL REFERENCE \_\_\_\_\_  
(NAME) (PHONE)

Please check whether you are a new or returning volunteer. \_\_\_ New \_\_\_ Returning

Are you also a volunteer at another school? \_\_\_ Yes \_\_\_ No

If yes, please indicate the school(s): \_\_\_\_\_

**Parent Volunteers:** Do you plan to drive for a field trip during the school year? \_\_\_\_\_ Yes\_

\_\_\_\_\_ No Please list the

name(s) of your child(ren): \_\_\_\_\_

For security reasons, a background check must be conducted. Volunteer assignments may be terminated if service is unsatisfactory or no longer needed by the Summit Public Schools.

*I give my permission to have my personal and professional references researched and hold SPS and any individuals providing SPS with information harmless. By signing my name below, I declare under penalty of perjury, that all the information on this application is true and correct.*

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# VOLUNTEER CODE OF CONDUCT

As a volunteer, I agree to abide by the following code of volunteer conduct:

1. Immediately upon arrival, I will sign in at the main office or the designated sign-in station.
2. I will wear or show volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
5. I will not contact students outside of school hours without permission from the students' parents.
6. I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
7. I will maintain confidentiality outside of school and will share with teachers and/or school administrators **any** concerns that I may have related to student welfare and/or safety.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of Summit Public Schools Washington or SPS and will abide by SPS administrative procedures governing transportation arrangements with SPS contracted and private vehicles, whether financed by special project, SPS, or private funds when transporting students.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree to follow the district procedure for screening of volunteers.
11. I agree to notify the school principal if I am arrested for a misdemeanor or felony sex, drug or weapon related offense.
12. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.

**I agree to follow this Volunteer Code of Conduct at all times or cease volunteering**

**immediately. Name Printed:** \_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# EMERGENCY INFORMATION

## Emergency Contact #1

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Emergency Contact #2

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

# EMERGENCY CONSENT

1) In the event of a major earthquake or similar catastrophe, and if your emergency contact person(s) cannot be contacted, do you give your permission for the school to obtain necessary medical or non-medical assistance, if needed for you, at your expense?

\_\_\_ Yes \_\_\_ No

2) In case of serious illness or injury, do you give permission to be taken off campus to a designated emergency disaster shelter under the direction and supervision of the persons in charge of the disaster plan?

\_\_\_ Yes \_\_\_ No

*I hereby indemnify and hold harmless from any demands, claims, actions, suits or any liability of any kind, and all personnel, employees, and agents of Summit Public Schools who may act in the situations described on this page.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICANT DISCLOSURE AFFIDAVIT

Individuals regularly volunteering for Summit Public Schools Washington (SPS) are required to provide fingerprints/personal information to the Washington State Patrol and the Federal Bureau of Investigation for the purpose of obtaining a criminal record summary, as required by RCW 28A.400.303.

SPS screens prospective volunteers to evaluate whether an applicant poses a risk of harm to the children and youth it serves. Information obtained is not an automatic bar to volunteer work, but is considered in view of all relevant circumstances. This disclosure is required to be completed by applicants for positions in order to be considered. Any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification or termination.

Applicant's full name: \_\_\_\_\_

Do you have any criminal charges pending against you?  Yes  No

Have you ever been convicted\* of a felony or misdemeanor?  Yes  No

Have you ever been convicted\* of a sex, drug or weapon related offense?  Yes  No Are you required to register as a sex offender under Penal Code 290.95?  Yes  No

\*Conviction includes a finding of guilty by a court in a trial with or without a jury or a plea or verdict of guilty.

If "YES," please explain: \_\_\_\_\_

The undersigned applicant affirms that **I HAVE NOT** at **ANY TIME** (whether as an adult or juvenile):

Yes	No	<i>(Initial answer under "Yes" or "No" and provide brief explanation for a "Yes" answer below.)</i>
___	___	Been convicted of;
___	___	Pleaded guilty to (whether or not resulting in a conviction); Pleaded <i>nolo contendere</i> or no contest to;
___	___	Admitted;
___	___	Had any judgment or order rendered against me (whether by default or otherwise);
___	___	Entered into any settlement of an action or claim of;
___	___	Had any license, certificate or employment suspended, revoked, terminated or affected because of;
___	___	Resigned under threat of termination of employment or volunteer work for;

Any allegation, any conduct, matter, or thing (irrespective of the formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

Yes	No	<i>(Initial answer under "Yes" or "No" and provide brief explanation for a "Yes" answer below.)</i>
___	___	Any felony.
___	___	Rape or other sexual assault.
___	___	Controlled substance, drug-, or alcohol-related offenses.
___	___	Abuse of a minor or child, whether physical or sexual.
___	___	Incest.
___	___	Kidnaping, false imprisonment, or abduction.
___	___	Sexual harassment.
___	___	Sexual exploitation of a minor.
___	___	Sexual conduct with a minor.
___	___	Annoying/molesting a child.
___	___	Lewdness and/or indecent exposure.
___	___	Lewd and lascivious behavior.
___	___	Obscene literature.

- Assault, battery, or other offense involving a minor.
- Endangerment of a child.
- Any misdemeanor or other offense classification involving a minor or to which a minor was a witness.
- Unfitness as a parent or custodian.
- Removing children from a State or concealing children in violation of a law or court order. Restrictions or limitations on contact or visitation with children or minors.
- Similar or related conduct, matters, or things.
- Accusation of any of the above.

**Explanations:** *(If you answered "Yes" to any of the above, please explain. If none, write "None.")*

The statements above are true and complete to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness to Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Source: *Guidelines for the Screening of Persons Working With Children, the Elderly, and Individuals With Disabilities in Need of Support*. 1998, NCJ 167248 (Appendix C)

## AUTHORIZATION TO RELEASE INFORMATION

REGARDING:

Applicant's name: \_\_\_\_\_

Applicant's current address: \_\_\_\_\_

Applicant's social security number: \_\_\_\_\_

Applicant's Date of birth: \_\_\_\_\_

Summit Public Schools contact person: Luke Whitehead, Manager of Human Resources, [whitehead@summitps.org](mailto:whitehead@summitps.org)

Authorization expiration date: 06/30/2020

I, the undersigned, authorize and consent to any person, firm, organization, or corporation that is provided a copy (including photocopy or facsimile copy) of this **Authorization to Release Information** by the above-stated Summit Public Schools Washington (SPS) to release and disclose to such SPS any and all information or records requested regarding me, including, but not necessarily limited to, my employment records, volunteer experience, military records, criminal information records (if any), and background. I have authorized this information to be released, either in writing or via telephone or digital means, in connection with my application for to be a volunteer at SPS.

Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with SPS guidelines.

Furthermore, this authorization to release and disclose any and all information or records requested regarding me automatically extends to the end of the school year following the authorization expiration date if I subsequently become a volunteer of SPS.

This authorization expires on the date as described above.

Signature of Prospective Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

# COMPLIANCE WITH CHILD ABUSE REPORTING REQUIREMENTS

## Required Statement of NON Mandated Reporter

### Child Abuse and Neglect Reporting Law (RCW 26.44.040)

**Definitions:** The following situations are reportable conditions:

1) Physical abuse, 2) Sexual abuse, 3) Child exploitation, child pornography and child prostitution, 4) Severe or general neglect, 5) Extreme corporal punishment resulting in injury, 6) Willful cruelty or unjustifiable punishment, and 7) Abuse or neglect in out-of-home care.

**Who Must Report:** The following individuals are legally mandated reporters:

- Child visitation monitors
- Health practitioners (nurses, physicians, etc.)
- Commercial or photographic print processors in specified instances
- Specified public positions (teachers, social workers, probation officers, etc.)
- Public protection positions (police, sheriff, CPS, etc.)
- Clergy members
- Fire fighters (except volunteer firefighters), Animal control officers, Humane society officers

**When to Report:** A telephone report must be made immediately when the reporter observes a child in his/her professional capacity or within the scope of his/her employment and has knowledge of, or has reasonable suspicion that the child has been abused. A written report, on a standard form, must be sent within 36 hours after the telephone report has been made.

**To Whom Do You Report:** You have a choice of reporting to the Police or Sheriff's Department or the Probation Department or Child Welfare Agency. Each County has preferred reporting procedures.

**Individual Responsibility:** Any individual whose occupation is named in the reporting law must report abuse. If the individual confers with a superior and a decision is made that the superior file the report, one report is sufficient. However if the superior disagrees, the individual with the original suspicion must report.

**Anonymous Reporting:** Mandated reporters are required to give their names. Nonmandated reporters may report anonymously. Child protective agencies are required to keep the mandated reporter's name confidential, unless a court orders the information disclosed.

**Notification Regarding Abuse:** You are not legally required to notify the parents that you are making a report; however, it is often beneficial to let the parents know you are reporting for benefit of a future relationship.

*I understand that I am a not legally mandated reporter. However, I have clarified any information listed above which I did not understand, and I agree to inform a Summit employee if I have any suspicion that student abuse is occurring.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# CORPORAL PUNISHMENT POLICY

It shall be a violation of school policy for any person employed by or engaged in the school (including volunteers of any kind) to inflict or cause to be inflicted corporal punishment upon a student.

Definitions:

Corporal punishment means “the willful infliction of, or willfully causing the infliction of, physical pain on a pupil.” Corporal punishment does not include –

- An amount of force that is reasonable and necessary for a person employed by or engaged in the school to quell a disturbance threatening physical injury to persons or damage to property, for purposes of self-defense, or to obtain possession of weapons or other dangerous objects within the control of the student.
- Physical pain or discomfort caused by an athletic competition or other such recreational activity, voluntarily engaged in by the student.

*I have read and understand the above Corporal Punishment policy.*

*I agree that I will follow this policy at all times while working with Summit students, in any capacity.*

*I also agree that if I see any other person breaking this policy with a Summit student, I will intervene to ensure that the policy is correctly followed.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CONFIDENTIALITY AGREEMENT

I \_\_\_\_\_ (hereinafter referred to as "Volunteer") hereby acknowledges and agrees to the following:

1. The Volunteer will serve Summit Public Schools ("Summit") as an un-paid Volunteer.
2. The Volunteer has a duty to maintain the confidentiality of sensitive information that the Volunteer may encounter during his/her service to Summit. Such confidential information includes, but is not limited to:
  - Student records, such as students' names; parents'/guardians' names; home addresses; personal telephone numbers and/or email addresses; photographs; dates of birth; grade level; enrollment status; dates of attendance; social security numbers; medical information; disciplinary records; and grades;
  - Personnel records, such as employees' names; dates of hire; home addresses; personal telephone numbers and/or email addresses; dates of birth; social security numbers; medical information; disciplinary records; immigration documents; salaries; and driver's license numbers; and
  - Proprietary information concerning Summit's operations, business plans, trademarks, patents, and copyrights.
3. The Volunteer shall only access confidential information when it is necessary and when doing so is within the course and scope of the Volunteer's service to Summit.
4. The Volunteer shall not disclose any such information described above without the advance written consent of the Director of Human Resources or the Chief Data & Information Officer.
5. This Agreement in no way limits the Volunteer's right to access and/or disclose the Volunteer's own personnel records and/or the Volunteer's child's student records.
6. Violations of this Agreement by the Volunteer may lead to being dismissed from providing further service to Summit, as well as the Volunteer being subject to appropriate legal action to compensate Summit for any damages related to the Volunteer's breach of this Agreement and/or to compel the Volunteer to not violate this Agreement further.
7. Any questions regarding this Agreement and the Volunteer's obligations thereunder are to be referred to Director of Human Resources or the Chief Data & Information Officer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_