



Stevenson-Carson School District Volunteer Agreement

Name: _____ Student: _____

Phone Number: _____ Relationship: _____

Date: _____ Teacher (elementary only): _____

Please shade in the days and times you may be available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00-9:00 am						
9:00-10:00 am						
10:00-11:00 am						
11:00-12:00 pm						
12:00-1:00 pm						
1:00-2:00 pm						
2:00-3:00 pm						
3:00-4:00 pm						
Evening events						

Do you have a preference of schools where you would prefer to volunteer?

Stevenson Elementary Carson Elementary Wind River Middle Stevenson High School

What activities or events would you be willing to help with in our school?

I have read the volunteer responsibilities below and understand what is needed of me when becoming a Stevenson-Carson School District volunteer. By signing below, I acknowledge the importance of confidentiality, dependability and being on time. I also understand I am required to pass a Washington State background check when working with children.

The Three Most Important Volunteer Responsibilities

Confidentiality: Volunteers are expected to follow professional ethics. Volunteers should not discuss students, staff members, or volunteers. Please be respectful of the efforts at Stevenson-Carson School District to support and promote students learning. If you have any questions or concerns, please contact the school.

Dependability: Our school’s staff members rely on the services performed by volunteers. If you are unable to volunteer on your scheduled day, please contact the school so other arrangements can be made.

Punctuality: Please arrive on time for any volunteer activity on which you agree to work. The school day and classroom schedules are set for specific times.

Please fill out the Washington State Patrol background check form on the reverse. Please attach a copy of your COVID Vaccination Card. Volunteers must follow all Stevenson-Carson Policies and Expectations.

Print Name _____ Signature _____ Date _____

Date Approved _____ Administrative Signature _____

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT

RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

<p>(A) REQUESTING AGENCY/ADDRESS Stevenson-Carson School Dist Agency</p> <p>Attn PO Box 850/350 Bulldog Drive Address Stevenson, WA 98648 City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <table border="1"><tr><td>Authorized Signature</td><td>Date</td></tr><tr><td>_____</td><td>()</td></tr><tr><td>Title</td><td>Area Code/Phone Number</td></tr><tr><td>_____</td><td>_____</td></tr></table>	Authorized Signature	Date	_____	()	Title	Area Code/Phone Number	_____	_____	<p>(B) PURPOSE Check appropriate box</p> <p><input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal. _____ Notarized Letter(s)</p>
Authorized Signature	Date								
_____	()								
Title	Area Code/Phone Number								
_____	_____								

(C) APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

(D) WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Stevenson-Carson School District
Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

Applicant Right Thumb Print (Optional)

NA