



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 the 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 read, complete and sign this packet before you begin volunteering.

Once again, we thank you for volunteering your time with Summit Public Schools Washington.

If you have questions or concerns while completing these actions, please contact your School Site Operations or Human Resources team at hr@summitps.org.

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 # _____ EMAIL _____

GOV ISSUES ID TYPE _____ ID # _____

DATE OF BIRTH _____

CURRENT EMPLOYMENT _____

(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, email 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 situation described on this page.

Signature

Date

APPLICANT DISCLOSURE AFFIDAVIT

Individuals regularly volunteering for Summit Public Schools Washington (SPS WA) 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* or 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	(Initial answer under "Yes" or "No" and provide brief explanation for a "Yes" answer below)
_____	_____	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	(Initial answer under "Yes" or "No" and provide brief explanation for a "Yes" answer below)
_____	_____	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.
_____	_____	Kidnapping, false imprisonment, or abduction.
_____	_____	Sexual Harassment.
_____	_____	Sexual conduct with a minor.
_____	_____	Annoying/molesting a child.
_____	_____	Lewdness and/or indecent exposure.
_____	_____	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: _____

AUTHORIZATION TO RELEASE INFORMATION

REGARDING:

Applicant's Full Name: _____

Applicant's current address: _____

Applicant's Social Security Number: _____

Applicant's Date of Birth: _____

Summit Public Schools contact person: Salisha Bhola, Manager of Human Resources, sbhola@summitps.org

Authorization expiration date: 06/30/2021

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 WA) to release and disclose to such SPS WA 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 to be a volunteer at SPS WA.

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 WA 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 WA.

This authorization expires on the date as described above.

Signature of Prospective Volunteer: _____ 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).

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 (nurse, 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 35 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. Non-Mandated 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 the benefit of a future relationship.

I understand that I am not a 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 unpaid 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; date of hire; home addresses; personal telephone numbers and/or email addresses; date 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 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 the Director of Human Resources or the Chief Data & Information Officer.

Signature: _____

Date: _____