



OCEAN BEACH SCHOOL DISTRICT #101

ANNUAL VOLUNTEER APPLICATION

The following application must be completed **in full** in order to be considered as a volunteer in OBSD. The information you provide is confidential and will only be used by School Principals and the District Office. An approved volunteer must reapply every school year.

Please Print:

NAME	PHONE	VOLUNTEERED IN OBSD BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	EMAIL	CHILDREN IN DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY ST ZIP	BIRTHDATE	CHILDRENS NAME(S)
CODE		

JOB SHADOW MENTORS ONLY

Name of student you plan to mentor:

EMERGENCY CONTACT NAME	DAYTIME PHONE #	RELATIONSHIP TO YOU
PHYSICIAN NAME	PHYSICIAN PHONE	
Do you have any medical condition that would need to be known if you require medical assistance? (Ex: serious allergy, seizures, heart condition.)		

Please give names, addresses and telephone numbers of two people not related to you who would be supportive of your working with children.		
NAME	ADDR	PHONE
NAME	ADDR	PHONE

I give permission for the Ocean Beach School District to contact the above named references. I certify that the information I have provided on this registration form is correct to the best of my knowledge. I understand that I am serving on a volunteer basis.	
Signature	Date

FOR BUILDING USE: Circle One: LBE OPE HTS IHS OBAS	FOR DISTRICT USE: _____ WSP APPROVAL
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BUILDING ADMINISTRATOR APPROVAL	DATE	DATE	INITIALS
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In accordance with Chapter 43.43 RCW, prospective volunteers are required to complete this disclosure form. In addition, prospective volunteers are required to complete the attached Washington State Patrol Criminal Background Form for disclosure of any application charges or findings.

APPLICANT DISCLOSURE FORM PURSUANT TO CHAPTER 43.43 RCW

Answer YES or NO to each of the listed items. If the answer is YES to any of the items, please explain in the area provided, indicating the charge or finding, the date and the court(s) involved.

- 1) Have you been convicted of any crimes against persons? Yes No
If yes, please explain:

- 2) Have you been found in any dependency action under RCW 12.34.030 (2) to have sexually assaulted or exploited any minor or to have physically abused any minor? If yes, please explain: Yes No

- 3) Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually assaulted or exploited any minor or to have physically abused any minor? If yes, please explain: Yes No

- 4) Have you been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor? If yes, please explain: Yes No

I have read the information contained herein and pursuant to RCW 9a. 72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I authorize Ocean Beach School District to inquire with references, if required, and obtain any and all information regarding the volunteer assignment. I further authorize any person contracted by the Ocean Beach School District to provide information to Ocean Beach School District. I release and hold harmless Ocean Beach School District and my references from any and all liability in obtaining or disclosing such information. I agree that the Ocean Beach School District may, at its discretion, preclude me from volunteer service if among other reasons, I provide misleading or incomplete statements.

Applicant Signature _____ Date _____

WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<http://watch.wsp.wa.gov>



NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

A **SUBJECT INFORMATION:** (Please type or print clearly)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

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

B **REQUESTOR INFORMATION:** (Please type or print clearly)

DATE: ____/____/____ _____
Mo. Day Yr. (print) Name/Title of Requestor Requestor's Signature

Provide e-mail to receive background results electronically. Phone No. () _____

E-mail address _____ Password (must be at least 8 characters) _____

REQUESTOR'S ADDRESS: (type or print clearly)

Name

Address

City State ZIP Code

Subject's Right Thumb Print (Optional)

Confidentiality Agreement

Confidential is defined as “containing information whose unauthorized disclosure could be prejudicial”. Information marked “confidential” is not to be disclosed or mentioned.

Numerous laws require confidentiality regarding special education information. Student records, conversations, observations of student progress, and health records are just a few examples of information that is considered confidential under law.

Most of the information staff members receive during the course of a work day is confidential. Whether it’s a memo, observations for a specific student, IEP progress data, information from a telephone call, email message, or a meeting note, it is important to remember that the information might be confidential. Confidential information is not to be disclosed without prior written consent to those not directly involved in providing, supporting, or maintaining the educational program and safety of the specific student.

FIRST

1) Am I personally or professionally involved in this situation?

If yes, then keep the information only between those involved.

If no, exit (remove yourself from the situation), ignore, and/or hold the information in strictest confidence (don't share it).

NEXT

2) Is there a chance that what I will share may be overheard by:

students? the student(s) involved? parents? other staff?

If yes, how will this impact that individual?

If no, great! **But is it appropriate?** See # 1 above.

NEXT

3) Is what I am sharing professional and helpful to the situation?

If yes, great! That means that you may have taken the above precautions.

If no, don't say it. This could be damaging to a student, a parent or a staff member.

Information about students is shared on a “need to know” basis.

Paraprofessionals and other classified staff are not to share any information with other staff about a particular student without being directed to do so by the certified staff responsible for the student. Please don't let your guard down because of friendships and "usual" conversations. Past practice will not protect you in this situation and, in fact, may make it more difficult to extricate yourself from any legal concerns.

When communicating through email about students, do not use their name or initials in the subject line.

I _____, have read and understand the district’s confidentiality statements and expectations.

Signature

Date