



Instructions for Completing the Fillable pdf Volunteer Mentor/Tutor Application

Thank you for choosing to volunteer in our schools. We welcome you and appreciate your willingness to help. To ensure the safety of our students and to be in compliance with Washington State Law (RCW 43.43.830), we ask that you follow the directions below. This screening process is not only prudent but an effective safety net for all our students. **All volunteers must complete the screening process BEFORE volunteering with our students.**

- The Bellevue School District **Volunteer Application Packet** consists of five parts –
 1. Bellevue School District Volunteer Application,
 2. BSD Disclosure form,
 3. Washington State Patrol form
 4. BSD Volunteer Rules, Requirements and Agreement form.
 5. Valid photo ID with birth date.

- This on-line application is a fillable PDF.
 - Check off the box for Mentor/Tutor in the upper left of the form,
 - If you are also a BSD parent, check off the box for Parent as well.
 - If you are also a **BSD** student, check off the box for Student as well.
 - Be sure to submit complete contact information for **two** references (emailing is quickest, please provide a good email address for both your references.)
 - After completing all four forms on-line, print out the application packet, and sign all four forms (look for grey boxes). Your application packet is not complete without signatures. **Please remember to sign all four forms.**

- All application packets must have a copy of a valid photo ID attached – driver's license, state identification card, or passport. Your photo ID must include your birth date.

- **Bring the *entire* Volunteer Application Packet** (4 forms *plus* photo ID) to the VIBES orientation session that works best for you or mail it to:

Bellevue School District/VIBES
PO Box 90010
Bellevue WA 98009-9010

Questions? Call 425-456-4154 or Email vibes@bsd405.org

Thank You!



Bellevue School District Volunteer Application

School:

FOR OFFICE USE ONLY		
Rcvd: _____	Orient: _____	WSP: _____
D.B.: _____	Vol ID: _____	
Reference (Sent) _____	(Rcvd) _____	
Reference (Sent) _____	(Rcvd) _____	

Please check all that apply:

- MENTOR / TUTOR
- PARENT
- RELATIVE/CAREGIVER
- BSD STUDENT
- ACTIVITY/ATHLETIC COACH

Program:

NAME:

Gender?

DATE:

ADDRESS:

DATE OF BIRTH:

CITY:

ZIP CODE:

HOME PHONE:

CELL PHONE:

E-MAIL ADDRESS:

EMPLOYER:

BUSINESS PHONE:

CURRENT OCCUPATION:

PREVIOUS EMPLOYMENT HISTORY:

PREVIOUS VOLUNTEER EXPERIENCE:

PREVIOUS WORK W/ CHILDREN/YOUTH:

SCHOOL AND COMMUNITY ACTIVITIES:

LANGUAGES SPOKEN:

HOBBIES, INTERESTS, SKILLS:

REASON FOR VOLUNTEERING:

EMERGENCY CONTACT NAME:

DAY PHONE:

REFERENCES

(Non-relatives whom we may contact. Please fill in completely.)

NAME

NAME

ADDRESS

ADDRESS

CITY, STATE ZIP

CITY, STATE ZIP

TELEPHONE

TELEPHONE

E-MAIL

E-MAIL

RELATIONSHIP

RELATIONSHIP

AVAILABILITY

(Please fill in specific times you are available to volunteer)

	Mon.	Tues.	Wed.	Thurs.	Fri.
Morning					
Afternoon					

INTERESTS: (Check all that apply)

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> One-on-one | <input type="checkbox"/> Career Guest Speaker | <input type="checkbox"/> AVID Academic Coach |
| <input type="checkbox"/> Small group | <input type="checkbox"/> Informational Interviews | <input type="checkbox"/> College Application Advisor |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Job shadowing | <input type="checkbox"/> Students Learning English |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Host a Student Intern | <input type="checkbox"/> Students with Disabilities |
| <input type="checkbox"/> Tutoring: | <input type="checkbox"/> Problem-Based Learning | <input type="checkbox"/> After School Activities |
| | <input type="checkbox"/> STEM* | <input type="checkbox"/> Other: |
- *Science, Technology, Engineering and Math

GRADE LEVEL PREFERRED:

(check preferences)

- | | | |
|--|------------------------------|-------------------------------|
| Elementary School | Middle School | High School |
| <input type="checkbox"/> Pre <input type="checkbox"/> K-2 <input type="checkbox"/> 3-5 | <input type="checkbox"/> 6-8 | <input type="checkbox"/> 9-12 |

If parent, list student name(s) with grade level and check school(s) attending:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Ardmore (K-5) | <input type="checkbox"/> Lake Hills (K-5) | <input type="checkbox"/> Spiritridge (Pre-5) | <input type="checkbox"/> Tye (6-8) |
| <input type="checkbox"/> Bennett (K-5) | <input type="checkbox"/> Medina (K-5) | <input type="checkbox"/> Stevenson (Pre-5) | <input type="checkbox"/> Big Picture (6-12) |
| <input type="checkbox"/> Cherry Crest (K-5) | <input type="checkbox"/> Newport Heights (K-5) | <input type="checkbox"/> Woodridge (Pre-5) | <input type="checkbox"/> International (6-12) |
| <input type="checkbox"/> Clyde Hill (Pre-5) | <input type="checkbox"/> Phantom Lake (Pre-5) | <input type="checkbox"/> Chinook (6-8) | <input type="checkbox"/> Bellevue (9-12) |
| <input type="checkbox"/> Eastgate (Pre-5) | <input type="checkbox"/> Puesta del Sol (K-5) | <input type="checkbox"/> Highland (6-8) | <input type="checkbox"/> Interlake (9-12) |
| <input type="checkbox"/> Enatai (Pre-5) | <input type="checkbox"/> Sherwood Forest (Pre-5) | <input type="checkbox"/> Odle (6-8) | <input type="checkbox"/> Newport (9-12) |
| <input type="checkbox"/> Jing Mei (K-5) | <input type="checkbox"/> Somerset (K-5) | <input type="checkbox"/> Tillicum (6-8) | <input type="checkbox"/> Sammamish (9-12) |

How did you learn about our volunteer opportunities? (Website, Bellevue Schools Foundation, Friend, poster, other?)

I understand that all volunteering relationships established through the Bellevue School District take place with student(s) on the school campus during school hours or at other school authorized activities ONLY. Similar to restrictions on employees, volunteers should not be in assignments where they are working under the direct supervision of personnel who are family members. I understand that volunteering is a privilege, not a right, and that the District may, in its sole discretion, decide to discontinue any volunteer's participation at any time and for any reason or no reason, with or without notice or warning. **All information in this application is accurate to the best of my knowledge. I have completed and signed the attached Disclosure form, sections C and D of the Washington State Patrol Form, and the BSD Volunteer Agreement.**

Signature
 (Complete application packet, print out, sign hardcopy before submitting)

Date (mm/dd/yyyy)

Please return entire packet to: VIBES, Bellevue School District, PO Box 90010, Bellevue, WA 98009.
If you have questions, please call (425) 456-4154 or e-mail vibes@bsd405.org.



VOLUNTEER DISCLOSURE FORM

Washington State Law requires that all prospective volunteers who will have regularly scheduled unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults must complete and sign this disclosure form. In addition, the District requires that this form be completed by all volunteers, regardless of whether they are supervised. The District will request a background investigation through the Washington State Patrol Criminal Identification Division, and a copy of the response will be made available to you upon request. Please note that failure to provide complete and accurate information may be grounds for denial of your application to serve as a volunteer. **DO NOT ASSUME THAT ANY CONVICTION HAS BEEN REMOVED FROM YOUR RECORD NO MATTER HOW LONG AGO IT OCCURRED.**

The term “convicted” means all adverse dispositions, including, but not limited to, a finding of guilty, a plea of guilty or nolo contendere, a stipulation to the facts, or a deferred or suspended sentence.

Name:

Telephone:

- NO YES 1. Are you presently charged with, but not convicted of, a crime? A pending criminal charge will not necessarily bar you from volunteering in the District. **If yes, attach an explanation of the nature of the charge, place, date, and court.**
- NO YES 2. Have you ever been convicted of a crime? A conviction record will not necessarily bar you from volunteering in the District. **If yes, attach an explanation of the nature of the crime, place, date, court, and final disposition.** You need not list traffic violations for which a fine or forfeiture of less than \$150 was imposed.
- NO YES 3. Have there ever been any findings against you in any civil adjudications involving domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or vulnerable adult? Civil adjudications include a final agency finding that the applicant did not appeal or a judicial or administrative proceeding that affirms an agency finding or results in a finding. **If yes, attach a detailed explanation.**
- NO YES 4. Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance? **If yes, attach a detailed explanation.**

I, _____, certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that any falsification or deliberate misrepresentation, including omission of a material fact, or failure to complete any part of this application or this disclosure form can be grounds for denial of volunteer service or continued volunteer service with the Bellevue School District.

Volunteer applicant's signature:

(Complete application packet, print out, sign hardcopy before submitting)

Date:

(mm/dd/yyyy)

City and State:

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

<p>A REQUESTING AGENCY/ADDRESS Bellevue School District Agency VIBES-Volunteers in Bellevue's Education System Attn PO Box 90010 Address Bellevue WA 98009-9010 City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p><i>J. Buchmaster</i> 8-26-14 Authorized Signature Date</p> <p>Dir. of Student Services (425) 456-4055 Title Area Code/Phone Number</p>	<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 - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</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 \$10.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
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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: _____ Gender: Gender? Race: _____
Month/Day/Year

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

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

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

Requesting Agency: Bellevue School District

Applicant's Signature: _____

Applicant's Name _____

Address _____

City/State/Zip _____

CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES



MUST BE SIGNED BY ALL NON-PROFIT ACCOUNT USERS

Fax to (360) 534-2073

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses or organizations. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. **Searches may be conducted only on prospective employees, volunteers, adoptive parents, prospective clients, or resident.** Background checks may be conducted on prospective employees, volunteers, or adoptive parents who will be or may have unsupervised access to children less than sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment decisions only. A prospective client's or resident's conviction record—upon the request of a business or organization that qualifies for exemption under section 501(c)(3) of the internal revenue code of 1986 (26 U.S.C. Sec. 501(c)(3) and that provides emergency shelter or transitional housing for children, persons with developmental disabilities, or vulnerable adults.
2. **Applicants must be notified an inquiry may be made.**
A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer, that an inquiry may be made.
3. **A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.**
A business or organization shall require each applicant to disclose whether the applicant has been:
 - (a) Convicted of a crime;
 - (b) Had findings made against him or her in any civil adjudicative proceeding;
 - (c) Has both a conviction and findings made against him or her.
4. **Applicants must be notified of the response.**
The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

Notes:

- "Business or organization" means a person, business, or organization licensed in this state, any agency of the state, or other governmental entity, that educates, trains, treats, supervises, houses, or provides recreation to developmentally disabled persons, vulnerable adults, or children under sixteen years of age, or that provides child day care, early learning, or early learning childhood education services, including but not limited to public housing authorities, school districts, and educational service districts.
- "Client" or "resident" means a child, person with developmental disabilities, or vulnerable adult applying for housing assistance from a business or organization.
- The business or organization shall use this record only in making the initial employment or engagement decision. Further dissemination or use of the record is prohibited. A business or organization violating this subsection is subject to civil action for damages.
- Responses are limited to **Washington State records only**.

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.

I have read and understand the above **CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES** pursuant to Revised Code of Washington (RCW) 43.43.830-43.43.845.

User Name BSD405 Account # NA

User Signature Bellevue School District Date 8/21/14

Reset password? YES or NO

BSD Volunteer Rules, Requirements, and Agreement

Volunteers agree and commit to do the following:

- follow district/school policies and procedures
- comply with all directives of school administrators and staff
- report any student health or safety concerns to school administrators before leaving the school that day
- engage in positive and supportive relationships with students
- respect culture, religion, and lifestyle diversity
- be respectful of teachers'/coaches' time constraints and their authority
- respect students' dignity
- be positive role models
- be good listeners, patient, flexible, and nurturing
- be non-judgmental and allow students to make mistakes
- separate personal goals from those of the students
- respect the confidentiality of students and staff
- ask for help when needed and follow directions of school staff
- support, not replace, the role of parents or guardians
- remain calm, cool, and collected in frustrating and stressful situations
- reinforce students' successes
- overcome setbacks or disappointments
- be reliable, prompt, and dependable
- conform to federal and state laws prohibiting discrimination on the basis of race, color, national origin, sex or disability

Volunteers will NOT engage in any of the following while in their volunteer capacity:

- share information about students, except with appropriate school personnel
- recommend or recruit students for non school-sponsored activities
- express, promote, or share personal agendas (e.g., religious or political) during their volunteer experience
- meet with students outside of school and/or school sponsored activities or when directed not to do so
- make contact with students outside of school, via phone, email, or any social networks.
- use cell phones or cameras to photograph or make videos of students
- violate school policies and procedures or directives of school employees
- engage in any illegal activity while volunteering
- miss scheduled meetings/appointments unless impossible to keep and then will give as much notice as possible

Signature Required on next page.

I understand that all volunteering relationships established through the District Programs take place with the student on the school campus, during school hours or at other school authorized activities **ONLY**.

I also understand that the Bellevue School District has a zero-tolerance policy with regard to sexual harassment, bullying, drugs and alcohol, and weapons. I understand that engaging in any of the prohibited conduct outlined above, or violating any laws or District policies or procedures, will immediately disqualify me from volunteering in any District schools, programs, and/or events.

I understand that I cannot recruit or recommend students for non-school sponsored activities, and I cannot express or share personal (e.g., religious or political) agendas with students.

I understand that volunteering is a privilege, not a right, and that the District may, in its sole discretion, decide to discontinue any volunteer's participation at any time and for any reason or no reason, with or without notice or warning.

I have read and agree with the above Bellevue School District Volunteer Rules, Requirements and Agreement and have received a copy for my records.

Name

Signature

Date

(Complete pdf form, print out, sign hardcopy)

NOTE: **Print out packet and sign in grey box on all four forms!**

1. Application,
2. BSD Disclosure form,
3. WSP form,
4. Volunteer Agreement.

Remember to include copy of valid photo ID with birth date (license or passport).

Thank you!