

puget sound community school

660 S Dearborn St • Seattle WA 98134 • 206.324.4350

Volunteer Application

Date _____

VOLUNTEER INFORMATION

First Name _____ Last _____

Address _____

City, State Zip _____

Phone(s) Home _____ Work _____ Cell _____

Date of Birth _____ Email _____

Emergency Contact: Name _____

Phone _____ Relationship _____

Do you require any special accommodations in a work environment? Yes No

If yes, please describe. _____

VOLUNTEERING CATEGORIES (check the categories you're willing to consider)

_____ Teaching and/or Sharing your Passions (i.e. math, arts & crafts, history, drama, music, etc.)

_____ Board Member

_____ Clerical / Non Academic Support (i.e. office support, library support, event support)

_____ Driver (i.e. field trips)

Please indicate what days and times you have available. _____

VOLUNTEER REFERENCES

We take every reasonable safety precaution when placing volunteers in our school. In addition to completing a yearly Criminal History & Disclosure form, we ask that you provide us with the following information.

Are you currently employed? Yes No If yes, where? _____

Contact Name, Position and Phone _____

*Please note that you will be notified **in advance** of our intent to contact employment reference.*

Are you currently a student? Yes No If yes, at what school? _____

What is your area of study? _____

Is your volunteer work a requirement of your schooling? Yes No

If yes, please describe. _____

Have you been a volunteer before? Yes No If yes, where and describe your role. _____

Please provide us with two character references.

Name _____ Phone _____

Relationship to you _____ Length of time known _____

Name _____ Phone _____

Relationship to you _____ Length of time known _____

“WATCH” REQUEST FOR CRIMINAL HISTORY INFORMATION (Child / Adult Abuse Information Act)

First Name _____ MI _____ Last _____

Aliases / Maiden Name _____

Date of Birth _____ Gender _____

Address _____

City, State Zip _____

Email _____

Phone(s) Home _____ Work _____ Cell _____

Applicant Signature _____ Date _____

APPLICANT DISCLOSURE STATEMENT

Answer YES or NO to each of the listed items. If the answer is YES, 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?
Answer _____ If yes, please explain:

(2) Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?
Answer _____ If yes, please explain:

(3) Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?
Answer _____ If yes, please explain:

(4) Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?
Answer _____ If yes, please explain:

I have read the information contained herein and I certify that the foregoing is true and correct. I authorize Puget Sound Community School (PSCS) to inquire with former employers or references and obtain any and all information regarding my job related background. I further authorize any person contacted by PSCS to provide information to PSCS. I understand that information from such former employers or references will not be made available to me. I release and hold harmless PSCS, my former employers, and all references from any and all liability in obtaining or disclosing such information. I agree that PSCS may, at its discretion, preclude me from volunteer service if among other reasons, I provide misleading or incomplete statements.

Applicant Signature _____ Date _____

SCHOOL VERIFICATION - FOR OFFICE USE ONLY

Date of Orientation _____

ID Verification (Driver’s License or other ID with name and birthdate) Initials _____

OK WATCH (State Patrol Criminal History Check) Date Passed _____ Initials _____

Comments _____

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Volunteer Driver

Date _____

DRIVER SCREENING AND INSURANCE REQUIREMENTS

Name First _____ Middle _____ Last _____

Drivers' License Number _____ State _____ Expiration Date _____

Please circle yes or no:

Yes No: I am older than 21 years of age. **Yes No:** I have a valid Washington State driver's license.

Yes No: I have had vehicle moving violations within the last three years. If yes, list violations and dates on the back.

VEHICLE (one form per vehicle)

Year/Make/Model _____ License Number _____

Maximum number of students transported with working seat belts _____

Vehicle Inspection

____ There is a working seat belt, the wearing of which I enforce, for the driver and each passenger.

____ My vehicle's brakes, including the emergency brake, are in good working order.

____ My vehicle's tires have legal tread depth (at least 3/32").

____ My vehicle's brake lights, turn indicators, and headlights are in good working order.

____ My vehicle's windows are clear and provide an unobstructed view for the driver.

____ My vehicle has functioning rear view mirrors (center and left side).

____ My vehicle has no other physical defects that would interfere with the safety of the driver and passengers.

____ My vehicle has a rated capacity of ten passengers or less.

____ If my vehicle has dual airbags, I will not seat children under 6 years of age or weighing less than 60 lbs. in the front passenger seat.

Insurance (attach insurance policy declaration and expiration date of policy)

PSCS requires you to have the following insurance minimums: Auto liability limit of \$300,000 combined single limit liability (or \$100,000/\$300,000 bodily injury and \$50,000 property damage) and uninsured motorists coverage with matching limits.

Insurance Company _____

Policy # _____ Dates of Current Policy _____

By signing this form I acknowledge that I am the responsible party for the insurance policy associated with this vehicle and that I am assuming personal liability by driving it on a school-sanctioned outing. By signing this form I also agree on behalf of myself, my child, or our heirs, successors and assigns, to hold harmless and defend Puget Sound Community School, its trustees, officers, directors, and agents from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with me transporting students. I further agree to compensate the school, its trustees, officers, directors, and agents for reasonable attorney's fees and expenses arising therewith.

The above information is true and accurate to the best of my knowledge. I hereby give my permission for a copy of my personal Motor Vehicle Report to be ordered and used in consideration of my transporting students during school activities.

Volunteer Driver Signature _____ Date _____