



110 Stevens Avenue
Coulee Dam WA 99116
(509) 633-2143 Fax (509) 633-2530

www.acdsd.org

VOLUNTEER APPLICATION

The information on this form will be used to match as closely as possible your skills and interests with the volunteer opportunities available in the Grand Coulee Dam School District.

NAME _____ DATE _____

ADDRESS _____

E-MAIL ADDRESS _____ PHONE (H) _____
(W) _____
(Cell) _____

EDUCATION COMPLETED: High School _____ College _____ Other (explain) _____

Briefly explain why you wish to volunteer in the School District:

List your interests, special skills, and hobbies that you could bring to the School District:

Please check the school(s) in which you would like to volunteer (if you have a preference):

- Lake Roosevelt Elementary
- Lake Roosevelt Jr/Sr High School

Are you a legal parent or guardian of a child in the school where you seek to volunteer? _____

Most opportunities for volunteers in the schools are between 8:16 a.m. and 3:27 p.m. Please indicate the best times for you.

	Monday	Tuesday	Wednesday	Thursday	Friday
Time	_____	_____	_____	_____	_____

Please list brief employment/volunteer history:

Job/Volunteer Title Place of Work # of years

1. _____
2. _____

Please list two references (excluding family):

Name Address Phone (work and home) Relationship
(include e-mail, if available)

1. _____
2. _____

This checklist identifies the items that you must acknowledge you have received and reviewed. Please acknowledge receipt of each item by initialing each line as you review the materials. Online copies of District Policies are available at www.gcdsd.org/DistrictOffice/boardpolicies/boardPolicies.asp

District Policies

- _____ Sexual Harassment Policy No. 3205
- _____ Sexual Harassment Procedure No. 3205P
- _____ Volunteers Policy No. 5630
- _____ Volunteers Procedure No. 5630P
- _____ Drug Free Schools, Community and Workplace Policy No. 5201

I, the undersigned, do hereby certify that I have been informed of and reviewed the above Grand Coulee Dam School District Board Policies, procedures and information.

Signature of Volunteer

Signature

Date

“Continuous Student Learning”
An Equal Opportunity Employer-Educator
Volunteer Disclosure Statement

It is the policy of the Grand Coulee Dam School District to make every reasonable effort to provide a safe learning environment for students working with volunteers. Therefore, the District requires the following confidential information from volunteers who work directly with students or assist staff on a regular basis; supervise/ chaperone students; or act as a primary authority figure. This statement must be completed and returned prior to beginning any volunteer experience.

1. *Have you ever plead guilty or 'no contest,' receive a withheld judgment, or been convicted of a felony or misdemeanor under Washington law or any other state/country law?*

Yes No

If yes, please explain: _____

2. *Have you ever been convicted of ANY sex, alcohol or drug related offense?*

Yes No

If yes, please explain: _____

3. *Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children?*

Yes No

If yes, please explain: _____

4. *Have you ever been the subject of or listed as the perpetrator in a founded child abuse report?*

Yes No

If yes, please explain: _____

5. *Are you required to register as a sex offender with the Sex Offender Registry?*

Yes No

If yes, please explain: _____

6. *Do you currently have charges pending, or are there any ongoing investigations relating to any of the aforementioned?*

Yes No

If yes, please explain: _____

7. *Has your driver's license ever been suspended or revoked for any reason? (answer to be used in determining volunteer drivers)*

Yes No

If yes, please explain: _____

'Yes' answers may require the applicant to provide court documentation and/or a letter of explanation. Please know that the District may review the Department of Law Enforcement Sex Offender Registry of Washington and/or ask for a background check at any time.

I understand that any misrepresentation or material omission made by me on the application will be sufficient cause for cancellation of this application or immediate termination of my volunteer assignment, whenever it may be discovered.

Signature: _____ Date: _____

Grand Coulee Dam School District

**REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845**

Criminal Background Check for the Purpose of Educational School District Employee/Volunteer

Please return completed and signed form to:

Hope Hansen
HR

MAIL:

Grand Coulee Dam School District
110 Stevens Ave
Coulee Dam, WA 99116

Authorized Signature

Applicant of Inquiry

Name: _____
Alias/Maiden: _____
Date of Birth: _____
Sex: _____
Race: _____
Social Security Number: _____
Driver's License Number: _____

Please Provide as much information as possible; Full Name and DOB are mandatory

Please disclose any convictions or findings as pursuant to RCW 43.43.834 and sign below

Signature: _____ **Date:** _____