



350 S. Oak Harbor Street, Oak Harbor, WA 98277
Phone: 360.279.5000 Fax: 360.279.5070 www.ohsd.net

Volunteer Application

Welcome to the Oak Harbor Public Schools **Volunteer Program!**

You are joining a large enthusiastic group of parents, military personnel, senior citizens, clubs, businesses, and community members willing to dedicate their time and talents to the education of children through our community volunteer program.

Our volunteers are very important. We try and make your volunteer experience enjoyable and meaningful. Whether it be chaperoning, working in the classroom, or going on a field trip; your participation is welcome.

In the best interests of our students and staff and in compliance with state law RCW 43.43.830. through 43.43.845, you are being asked to complete a Volunteer Application. Any prospective volunteer who will have regularly scheduled, unsupervised access to children under sixteen years of age, or developmentally disabled persons during the course of his or her involvement is required, by state law, to do so.

The completed application can be returned to any school office or the District Office. We then conduct the required background check for all volunteers. In about one weeks' time you will be contacted to schedule a time to come into the District Office to take a photo for and receive your volunteer badge. If you have any questions or concerns, please don't hesitate to contact me.

We are most grateful for your participation!

Sincerely,

A handwritten signature in cursive script that reads "Christopher N. Frisby".

Chris Frisby
Community Resources Coordinator
360-279-5020
chfrisby@ohsd.net



Volunteer Application

FOR OFFICE USE ONLY

Date rec'd _____
Complete _____
Partnership _____
School _____
Background _____
Expiration _____

Date _____

Last Name _____ First Name _____ M F

Street Address _____ Mailing Address (if different) _____

City _____ State _____ Zip Code _____

Phone (Home/Cell) _____ (Work) _____ Email _____

Current Occupation and employer _____

If active military, indicate squadron or tenant command _____

School Locations

Do you have children in Oak Harbor Public Schools? Yes No

Mark the schools your children attend or where you are interested in volunteering:

- | | |
|---|--|
| <input type="checkbox"/> Broad View Elem | <input type="checkbox"/> HomeConnection |
| <input type="checkbox"/> Crescent Harbor Elem | <input type="checkbox"/> Oak Harbor Intermediate |
| <input type="checkbox"/> Hillcrest Elem | <input type="checkbox"/> North Whidbey Middle |
| <input type="checkbox"/> Oak Harbor Elem | <input type="checkbox"/> Midway School |
| <input type="checkbox"/> Olympic View Elem | <input type="checkbox"/> Oak Harbor High School |
| <input type="checkbox"/> Hand in Hand | |

(volunteers under age 21 must be approved by high school administration prior to placement at high school level)

Name of teacher you will be helping _____

I need help with volunteer placement!

Volunteer Statement

All information in this application is accurate to the best of my knowledge. I have completed all forms and have signed where needed. I understand that I must submit a completed application packet, and in some cases, an interview may be required prior to placement in a volunteer position. I also understand that the reference listed on the back of this page may be contacted prior to my being placed as a volunteer.

I am aware that, whenever possible, I will wear my volunteer name badge and use the Volunteer Sign In Sheet located in each office to sign in and out of the building. I understand that regular communication with the teacher is important and that if for some reason I am not able to fulfill my obligation, that I will contact the teacher, the school, or the Community Resources Coordinator. I also understand that due to confidentiality concerns I am not to share specific student related information with anyone other than the child's teacher.

Signature: _____ Date: _____

General Information To assist in placing you in a rewarding volunteer position, please fill out the information below:

Mark all areas of interest:

- Coaching/Officiating
- Computers/Technology
- Dance Chaperone
(Dance Chaperones must be 21 years of age)
- Health Screening
- Library
- Tutoring

- Math
- Physical Education/Sports
- Reading with students
- Parent PTA or PTO
- Special Needs Students
- Field Trips

Foreign Language (Languages Spoken) _____

Hobbies / Interests _____

Reason for volunteering _____

Previous work with children _____

How did you learn about the Volunteer Program?

Emergency Contact

In case of emergency notify: _____ Relation: _____

Phone: _____

Reference (Non relative)

Name _____

Address _____

City/state/zip _____

Phone _____

Relationship to you _____

**Oak Harbor Public Schools
Volunteer Applicant Disclosure Form**

Washington State Law requires that all **volunteers who will have regularly scheduled unsupervised access to children under sixteen years, or developmentally disabled persons, complete and sign this disclosure statement.** The law also provides that the District may request a background investigation and inquire with former employers or references and obtain any and all information regarding a volunteer's job-related background. For the safety of our children, the Oak Harbor Public Schools is requiring **ALL VOLUNTEERS** to complete this Application Packet, which includes a Background check conducted by the school district.

Please answer **Yes** or **No** to each listed item. If the answer is **Yes** to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as listed below:
Aggravated murder; first or second-degree murder; first or second-degree kidnapping; first, second, or third-degree assault; first, second, or third-degree rape; first, second, or third-degree rape of a child; first or second-degree robbery; first-degree arson; first-degree burglary; first or second-degree manslaughter; first or second-degree extortion; indecent liberties; incest; vehicular homicide; first-degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second-degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second-degree custodial interference; malicious harassment; first, second or third-degree child molestation; first or second-degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child-buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future?
Yes _____ **No** _____ If yes, explain below charge/finding, date, court(s):

2. Have you 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? **Yes** _____ **No** _____ If yes, explain below charge/finding, date, court(s):

3. Have you 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? **Yes** _____ **No** _____ If yes, explain below charge/finding, date, court(s):

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? **Yes** _____ **No** _____ If yes, explain below charge/finding, date, court(s):

5. Have you been, in the last seven years, released from prison or convicted of any offense that involved drugs, embezzlement, or fraud? **Yes** _____ **No** _____ If yes, explain below charge/finding, date, court(s).
(An inquiry to the Washington State Patrol and/or state and federal law enforcement agency will be made for the selected candidate.)

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

Signature: _____ **Date:** _____

Print Name: _____ **Birth Date:** _____

School District Policies 5011 and 3421

Please read the following information regarding Oak Harbor Public Schools policies 5011 and 3421. When you have finished, sign and date the form.

A complete version of both policy 5011 and 3421 can be found on our website: <http://www.ohsd.net/Page/4332>

Policy 5011 – Sexual Harassment

This district is committed to a positive and productive education and working environment free from discrimination, including sexual harassment. The district prohibits sexual harassment of students, employees and others involved in school district activities.

Sexual harassment occurs when:

- A. Submitting to the harasser's sexual demands is a stated or implied condition of obtaining education or work opportunity or other benefits: or*
- B. Submission to or rejection of sexual demands is a factor in an academic, work, or other school-related decision affecting an individual; or*
- C. Unwelcome sexual or gender-directed conduct or communication interferes with an individual's performance or creates an intimidating, hostile or offensive environment.*

Engaging in sexual harassment will result in appropriate discipline or other sanctions against offending students, staff, or contractors. Anyone else who engages in sexual harassment on school property or at school activities will have their access to school property and activities restricted, as appropriate.

Policy 3421—Child Abuse, Neglect and Exploitation Prevention

Child abuse, neglect and exploitation are violations of children's human rights and significant obstacles to their educational development...Child abuse or neglect (can) mean:

Inflicting physical injury on a child by other than accidental means, ...assaulting or mistreating a child as defined by criminal code, ...sexual offense against a child, ...extreme discipline, ...failure to provide food, shelter, clothing, supervision, or health care...

Staff are legally responsible for reporting all suspected cases of child abuse and neglect.

As a volunteer, if you suspect either sexual harassment or child abuse and neglect, you are required to immediately tell your supervising teacher or staff member of your concerns. They, in turn, will report to their supervisors.

For any questions regarding these policies, you may contact the District Office, 350 S Oak Harbor Street, Oak Harbor, WA 98277

I have read the above information and understand my responsibilities should I suspect any form of sexual harassment, child abuse, or neglect.

Signature: _____ **Date:** _____

Print Name: _____



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BACKGROUND CHECK AUTHORIZATION

I have carefully read and understand this authorization form and disclosure (backside). By my signature below, I consent to the preparation of background reports by TalentWise, and to the release of such reports to Oak Harbor Public Schools and its designated representatives for the purpose of assisting the District in making a determination as to my eligibility for volunteering, employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Company. I understand that a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" can be provided to me upon request.

First Name: _____

Full Middle Name: _____

Last Name: _____

Maiden Name: _____

Date of Birth: _____

SSN: _____

Address: _____

Street Address

City, State, Zip

Signature: _____ **Date:** _____

This information is being collected to conduct the background screen on you. It will not be used for any other purpose.



DISCLOSURE FOR BACKGROUND CHECK

Oak Harbor Public Schools (the "Company") will procure a consumer report and/or investigative consumer report on you in connection with your application for employment purposes (including employment, volunteer, or independent contractor assignments, as applicable) as defined under the Fair Credit Reporting Act. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or contract period.

TalentWise Solutions LLC ("TalentWise"), a consumer reporting agency, will obtain the report for the Company. Further information regarding TalentWise, including its privacy policy, may be found online at www.TalentWise.com. TalentWise is located at 19800 North Creek Parkway, Suite 200, Bothell, WA 98011, and can be reached at (866) 338-6739.

The report may contain information bearing on your character, general reputation, personal characteristics, mode of living and/or credit standing. The information that may be included in your report include: *Experian credit reports (US Credit), social security number trace, criminal records checks, public court records checks, driving records checks, drug tests, educational records checks, verification of employment positions held, personal and professional references checks, and licensing and certification checks*. The Company will only request credit reports insofar as they relate to the position for which you are applying. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history.



Covid-19 Vaccination Verification

Dear Prospective OHPS Volunteer,

On 08/18/2021, Governor Jay Inslee issued a directive for all school volunteers to be fully vaccinated against Covid-19 by 10/18/2021. Consistent with the Washington Department of Health requirements and the Governor's directive, we must collect each volunteer's vaccination status. Acceptable types of verification for volunteers include:

- CDC vaccination card, which includes name of person vaccinated, type of vaccine provided, and date(s) administered or photo of the vaccination card.
- Documentation of vaccination from a health care provider with the information listed above.
- State immunization information system record with the information listed above.

Please indicate how you would like to verify your Covid-19 vaccination status:

- Attach a copy of your vaccination card in the boxes below.
- Have a Google Form emailed to you to upload a digital copy of your vaccination card.
- Show your vaccination card to the Community Resources Coordinator or Receptionist at the District Office when you go in to pick up your volunteer badge.
- I would like to apply for an exemption from the vaccination requirement. Please email me the:
 - Religious Exemption Request Form
 - Medical Exemption Request Form

Front of Vaccination Card

Back of Vaccination Card