



# ADULT SCHOOL VOLUNTEER APPLICATION

(CONFIDENTIAL - Please Print Clearly)

This volunteer application form must be completed and approved prior to volunteering. Return the completed application, with a copy of your photo ID, to the District's Fingerprint ID and Background Office ("FIB") at 425 E. 9th St, Reno, NV or your school office. Allow 3 weeks for non-fingerprint processing and 8 weeks for fingerprinted applications.

Date \_\_\_\_\_ Photo ID Check \_\_\_\_\_  
*(Initial and attach a copy of photo ID)* Fingerprinting-School Authorization *(When required)*

Location/School: \_\_\_\_\_ Program/Purpose: \_\_\_\_\_

Field trips: Date \_\_\_\_\_  Overnight Trip - Must be fingerprinted by FIB

Name: \_\_\_\_\_  
*(Last Name, First Name Middle Initial) Enter exactly as it is on your photo identification*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
*(Street, City, State Zip Code)*

Mailing Address: \_\_\_\_\_  
*If different from above (Street, City, State Zip Code)*

Date of Birth: \_\_\_\_\_ Last four digits of your Social Security Number: \_\_\_\_\_  
*(Mandatory) (Per NRS 603A.040) (Optional)*

I am a (please check all that apply):  Parent/legal guardian of a student attending a WCSD school  
 Community Volunteer  WCSD Employee  Former WCSD employee  Practicum Student

If you are a parent, guardian or caretaker, please list student(s) and teacher(s) names:

\_\_\_\_\_

If you are volunteering as part of a community organization or business member, list the name/s of the organization or business:

\_\_\_\_\_

If you are NOT a parent, guardian or caretaker, please provide two (2) non-relative references:

\_\_\_\_\_  
*(Name) (Relationship) (Phone) (Initial Reference Checked)*

\_\_\_\_\_  
*(Name) (Relationship) (Phone) (Initial Reference Checked)*

In Case of Emergency contact:

\_\_\_\_\_  
*(Name) (Relationship to you) (Phone)*

Emergency medical information/conditions: *(ie: Asthma)*

Ethnic Code Identification: *(Check the code that best represents your ethnic identity) - Optional*

African American  Alaskan / Indian  Asian / Pacific  Caucasian  Hispanic  Other

## OFFICIAL USE ONLY

Questions? Contact Volunteer Services, 425 E. 9th St., Reno, NV 89512

Phone: 775-348-0346 ~ Fax: 775-851-5669 Email: [volserv@washoeschools.net](mailto:volserv@washoeschools.net)

School Police check: Valid DL \_\_\_\_\_ SO Check \_\_\_\_\_ Fingerprinting check \_\_\_\_\_

DISTRIBUTION: School, Volunteer Services; FIB Office

Notes: \_\_\_\_\_

\_\_\_\_\_

You must **ALWAYS** disclose criminal information **no matter how long** it has been since the offense/arrest. **Have you EVER been arrested (even if charges were dropped), convicted, pled guilty or pled no contest to:**

- A criminal offense, other than a minor traffic violation, this includes, but is not limited to a felony, gross misdemeanor, misdemeanor, **DUI**, etc.)  **Yes**  **No**
- A drug or sexual related offense or act of violence?  **Yes**  **No**
- Been reported for child abuse/sexual activities involving a student or minor or had charges filed against you by a school district, state / county agency, police or court?  **Yes**  **No**

If **"Yes"**, please explain the type(s) of offense(s), Location(s) and date(s) in the space below. Attach a sheet if necessary.

Date	Charge/Offense	Disposition	Penalty	Explanation

**Administrator Only:** I have reviewed the disclosed information above and  **accept**  **do not accept this applicant as a volunteer on our campus. If accepted, School Police will still preform the background check required by WCSD.**

Principal Signature \_\_\_\_\_

**Note:** Any applicant on an **active "Wants and Warrants List", Registered Sex Offender, terrorist list or on Parole or Probation WILL NOT BE ALLOWED TO VOLUNTEER** at Washoe County School District. **Background checks are completed by WCSD FIB Department.** The Washoe County School District reserves the right to disallow any individual from serving as a volunteer.  
\* \* \* \* \*

**VOLUNTEER COMMITMENT AND PROCEDURES**  
**READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND DATING THIS APPLICATION**

**Screening:** For the safety of students, all prospective volunteers will be asked to complete an Adult School Volunteer Application and provide a valid photo I.D. (international ID's are accepted). All prospective volunteers will be given a "Background Check" check pursuant to NRS 179D. Additionally, the District, in its discretion and without a statement of reason, may require a complete criminal history check on any volunteer at any time. In programs where a volunteer is an Overnight Chaperone and may work alone for extended periods of time with a student or by request from the principal, fingerprinting and a full state and federal background check are required. If fingerprinting is required, the school district will cover these costs. All fingerprinting must be authorized. The Washoe County School District reserves the right to disallow any individual from serving as a volunteer.

**Confidentiality:** What you hear and observe about students, families, and staff while volunteering in a school is **confidential**. Repeating a seemingly harmless comment can lead to misunderstandings and hurt feelings. For schools to provide the best environment for learning, everyone's privacy must be respected.

**Liability:** The Washoe County School District is proud to provide liability coverage and an accident policy for its volunteers, which will provide up to \$1,500 after any other valid and collectable insurance. In order to have this protection, **all volunteers must sign in on the school's volunteer / visitor sign in sheet** (in every school office) every time they volunteer. Volunteers are not covered by Workers' Compensation.

**Child neglect and abuse reporting:** School volunteers are obligated under mandatory child reporting laws to report any suspected child neglect or abuse. Please refer to Washoe County School District mandatory reporting guidelines.

**Supervision:** Volunteers perform under the direction and supervision of school personnel. Volunteers should know and follow school policies and rules. The District, in its discretion and without a statement of reasons, may suspend any volunteer from further volunteer activities pending any background check. No statement by the District establishes a property right to perform volunteer work.

**Communication:** If you are unable to make it to school when you are expected, please call the school and leave a message. Similarly, school staff will contact you if your time is cancelled or changed for any unforeseen reason. You may contact the WCSD Volunteer Services Office at 775-348-0346, or email llightfoot@washoeschools.net with questions or for assistance.

**Student / Volunteer relationships:** Volunteers function in a position of trust and Washoe County School District does not extend that volunteer / student trust relationship outside of the supervised school environment. It is the responsibility of the volunteer to notify the site administrator immediately if he/she becomes involved with a student / family outside the WCSD environment.

**I affirm that I have read and understand all the information on this Adult School Volunteer Application and that all the information I have provided in this application is true and complete to the best of my knowledge. I understand that WCSD reserves the right to verify all information on this application form and that any false statements or failures to disclose information may be sufficient to disqualify me as a volunteer. I hereby authorize Washoe County School District to obtain information relating to my current and / or previous employment, education, and personal history records.**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_