



Volunteer and/or Contractor
Release/Hold Harmless Agreement

Volunteer/Contractor Name _____

Volunteer /Contractor Phone Number _____

School Name _____

This agreement includes all Issaquah School District activities I choose to participate in during the current School Year _____ (example: 2009-2010)

Location of activity _____
(If form is for various ongoing activities –use the name of the school the activity is associated with.)

The undersigned desires to participate as a volunteer and/or contractor for events and/or activities during the time period named above.

I ACKNOWLEDGE the Issaquah School District will make every attempt to insure my safety while participating in the volunteer and/or contractor event/activity, but there are certain inherent risks involved that may be unavoidable resulting in bodily injury or property damage to myself or others.

I further acknowledge the Issaquah School District does not provide any accidental medical insurance coverage for the activity and that I assume all risks of injury or damage to my person or property. I agree to hold and save harmless the Issaquah School District, its School Board and Employees, and assigns for any claims, suits or damages (including but not limited to defense and indemnification) which might result from my participating in the above-described event/activity.

Signed _____ Date _____
(If under 18 years of age, parent's signature is required below)

Signature of Parent/Guardian _____ Date _____
(If applicable)

Adopted: 8/20/09
Revised: 11/5/09

Volunteer Checklist/Agreement

The district recognizes the valuable contribution made to the total school program through the volunteer assistance of parents and other citizens. We thank you for your assistance and support. To safeguard students and student records it is necessary that all volunteers be screened and trained regarding their involvement with students and school activities. Staff and volunteers should allow a minimum of forty-eight (48) hours after all forms have been completed and submitted for a volunteer applicant to receive clearance to begin serving as a volunteer. We thank you for your understanding of the need for these safeguards. Please read and check each of the statements below.

- _____ Complete the Issaquah School District Volunteer Request for Background Information form (please see reverse side of this form).
- _____ Complete the Washington State Patrol Request for Criminal History Information form (Sections C and D) and return to the school secretary. This form is good for two years. If you have completed this form for another school or group, you may provide us with a copy for our file.

Your signature below indicates your agreement to abide by all of the following expectations and that you have completed the above forms prior to providing volunteer services.

Role and Expectations

- _____ Volunteers serve as helpers. I understand that all volunteer activities are to be conducted under the supervision of district staff, and that all instructional service is to be rendered under the control and supervision of certificated staff.
- _____ Staff members will determine and notify volunteers if any specific training or direction is required before assisting with an activity. I will confirm assigned responsibilities and expectations with the supervising staff member before beginning any activity.
- _____ Student problems which arise, whether of an instructional, medical, behavioral or operational nature shall be referred to a regular staff member for final resolution.
- _____ I will follow the building's procedures for signing in and out each and every time I volunteer at the school.
- _____ I will wear an identification badge/tag/pin as required by the school.
- _____ I understand that I am required to follow all district policies and procedures. I understand that failure to follow district policy and procedures, or any part of this Agreement, may result in my volunteer status being revoked and could in some cases subject me to legal liability.
- _____ I understand that I cannot proselytize, invite students to events, or ask for students' contact information.

Use of District Technology

- _____ I will not use computer systems, logins, or accounts that have been assigned to someone else. If authorized to use a district computer I will sign and abide by the district technology User Agreement.

Confidentiality

- _____ I understand that volunteers shall not discuss the performance, actions, or any other information about any student except with the student's teacher, school counselor or principal. This is not only district policy but is also mandated by federal statute, The Family Educational Rights and Privacy Act, 34 CFR Part 99. I understand that confidentiality pertains to both written records and verbal statements.

Name of Volunteer – Please Print

Children's Names - if Current ISD Students

Signature of Volunteer

Date

**ISSAQUAH SCHOOL DISTRICT
VOLUNTEERS REQUEST FOR BACKGROUND INFORMATION**

Disclosure form pursuant to RCW 43.43.830

Form 5630F2B

All volunteers who are interested in working with children must complete the disclosure form in its entirety.

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 defined in Section 43.43 RCW and listed as follows: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first second, or third degree assault of a child; 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 criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; 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; or any of these crimes as they may be renamed in the future?

Answer: _____ If **YES**, explain: _____

2. Have you ever been found in any dependency action under RCW 13.34.030 to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer: _____ If **YES**, 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**, 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**, explain: _____

I have read the information contained herein and pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I authorize the Issaquah School District to make such investigations and inquiries as may be necessary in arriving at a decision regarding my volunteer status. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my volunteer agreement. In the event of volunteering, I understand that false or misleading information given in my agreement may result in termination of my volunteer status.

Volunteer's Signature _____ Date _____

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 (Instructions on Reverse Side)

A REQUESTING AGENCY/ADDRESS Agency _____ Attn _____ Address _____ City/State/Zip _____ I certify this request is made pursuant to and for the purpose indicated. _____ Authorized Signature Date _____ Title () Area Code/Phone Number	B PURPOSE Check appropriate box <input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee <input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's) <input type="checkbox"/> Profit Business/Organization - \$17 <input type="checkbox"/> Adoptive Parent - \$17 <input type="checkbox"/> Receive results electronically Email address _____ Password _____ (must be at least 8 characters) Fees: Make payable to Washington State Patrol by check, money order, or business account. Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal. _____ Notarized Letter(s)
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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: _____ Sex: _____ 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 _____ Applicant's Signature _____ Applicant's Name _____ Address _____ City/State/Zip _____	WSP Use Only <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Applicant Right Thumb Print (Optional) <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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