



Administrative Form 1538
UNDER AGE 18 - SCHOOL VOLUNTEER APPLICATION

Volunteer Services: 494 Poplar Street, Reno, Nevada 89512 / volserv@washoeschools.net / 775-348-0346

Please Print:

Date _____

Location/school: _____ Program/Purpose: _____

Applicant Name: _____
(Last Name, First Name, Middle Initial – enter exactly as shown on photo identification)

Phone: _____ Email: _____

Physical Address: _____
(Street, City, State, Zip Code)

Mailing Address: _____
(If different from above – street/PO Box, City, State, Zip Code)

Date of Birth: ____/____/____ Gender: _____

In Case of Emergency, contact:

Name	Relationship to you	Phone
_____	_____	_____

Special Medication Information, Emergency medical information/conditions (i.e. asthma)

Are you a student in a WCSD school? ____ If yes, please list the school: _____

Are you volunteering as part of a school, community organization or business? ____ If yes, please list the name(s):

If you are NOT a WCSD student, please provide two (2) non-relative references:

Name	Relationship	Phone	Initial: Reference Checked
_____	_____	_____	_____

Name	Relationship	Phone	Initial: Reference Checked
_____	_____	_____	_____

Ethnic Code Information (Check the code that best represents your ethnic identity) – Optional

___ African-American ___ Alaskan/Indian ___ Asian/Pacific ___Caucasian ___Hispanic ___ Other

_____ I understand and agree that while a visitor/volunteer on District property or at a District activity, I may have access to confidential student information. I understand and agree that by signing this document, I will maintain complete confidentiality regarding the information I obtain in such capacity. I understand and agree that I will not divulge to anyone any matters discussed, including discussions by District employees or any student behaviors/interactions, written materials or computerized records which I view. I understand and agree that if I receive calls or contacts from anyone requesting information from me regarding any District information, that I will follow established procedures of the District regarding disclosure of information.

_____ I affirm that I have read, understand, and agree to abide by all the information in this document and the District's Volunteers Procedures Manual (AM 1535) and that all the information I have provided in this application is true and complete to the best of my knowledge. I understand that the District 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 the District to obtain information relating to my current and / or previous employment, education, and personal history records.

By signing below, I acknowledge that I understand, agree with, and will comply with the above statements:

Applicant Signature	Print Name	Date
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PARENT/GUARDIAN PERMISSION

I, the undersigned parent/guardian, agree to hold the Washoe County School District ("District") and its agents harmless from all suits and claims arising out of and in conjunction with my child/ward volunteering at the District.

In case of an accident or illness, the acting supervisor has my permission to secure medical attention as deemed necessary and if unable to communicate with me immediately.

Parent/Guardian Signature	Print Name	Date
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ADMINISTRATOR ONLY

Photo ID Check (initial and attach a copy of photo ID)_____

I have reviewed the disclosed information above and ACCEPT___ DO NOT ACCEPT___ this applicant as a volunteer on our campus.

Principal Signature: _____

OFFICIAL USE ONLY

Human Resources check: Valid DL _____ SO Check _____ Fingerprinting check _____

Notes:

Responsible: Office of Communications & Community Engagement, Volunteer Services Department

PROCEDURE

1. The Washoe County School District reserves the right to refuse any volunteer applicant. Approval of an application does not guarantee the volunteer opportunity.
2. For additional information regarding volunteer opportunities, contact the District's Volunteer Services Department at 775-348-0346, or email volserv@washoeschools.net.
3. Prospective volunteers shall complete this volunteer application form prior to volunteering in Washoe County School District ("District"). Return the completed application, with a copy of a government issued ID or a student ID, to one of the following locations:
 - School Office
 - Washoe County School District
Volunteer Services Department
494 East Poplar Street
Reno, Nevada 89512
 - By mail: Washoe County School District
PO Box 30425
Reno, NV 89520-3425
4. A "volunteer" is anyone who, without District compensation, performs a task at the direction of and on behalf of the District. A "volunteer" must be officially registered with the District prior to performance of the task. Volunteers are not considered employees of the Washoe County School District ("District").
 - a. The District reserves the right to deny any individual from serving as a volunteer.
5. Staff Vetting Procedures
 - a. All volunteer applications received at the school site shall be reviewed for approval and signed by the school administrator. The school shall retain a copy and forward a copy to the Volunteer Services Department.
 - b. Staff shall verify that the name on the application matches the name that appears on the government issued photo identification.
6. Additional information can be found in Administrative Manual 1535, Volunteers Procedures Manual.