

# Stevenson-Carson School District Volunteer Agreement

Name: \_\_\_\_\_ Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Teacher (elementary only): \_\_\_\_\_

Please shade in the days and times you may be available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00-9:00 am						
9:00-10:00 am						
10:00-11:00 am						
11:00-12:00 pm						
12:00-1:00 pm						
1:00-2:00 pm						
2:00-3:00 pm						
3:00-4:00 pm						
Evening events						

Do you have a preference of schools where you would prefer to volunteer?

☐ Stevenson Elementary ☐ Carson Elementary ☐ Wind River Middle ☐ Stevenson High School

What activities or events would you be willing to help with in our school?

I have read the volunteer responsibilities below and understand what is needed of me when becoming a Stevenson-Carson School District volunteer. By signing below, I acknowledge the importance of confidentiality, dependability and being on time. I also understand I am required to pass a Washington State background check when working with children.

## The Three Most Important Volunteer Responsibilities

**Confidentiality:** Volunteers are expected to follow professional ethics. Volunteers should not discuss students, staff members, or volunteers. Please be respectful of the efforts at Stevenson-Carson School District to support and promote students learning. If you have any questions or concerns, please contact the school.

**Dependability:** Our school's staff members rely on the services performed by volunteers. If you are unable to volunteer on your scheduled day, please contact the school so other arrangements can be made.

**Punctuality:** Please arrive on time for any volunteer activity on which you agree to work. The school day and classroom schedules are set for specific times.

Please fill out the Washington State Patrol background check form on the reverse. Please attach a copy of your COVID Vaccination Card. Volunteers must follow all Stevenson-Carson Policies and Expectations.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Approved \_\_\_\_\_ Administrative Signature \_\_\_\_\_

Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633

(Instructions on Reverse Side)

<b>(C) APPLICANT OF INQUIRY</b> (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: _____ Month/Day/Year	Sex: _____	Race: _____
Social Security Number: _____	Driver's Lic. Number/State: _____ / _____	
Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.		

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