



# ADULT SCHOOL VOLUNTEER APPLICATION

(CONFIDENTIAL-Please Print)

**Welcome and thank you** for your interest in volunteering in Washoe County School District. In an effort to keep our schools safe, we ask that you take a few moments to complete this volunteer application form. **Return the completed application to your school contact.**

Date \_\_\_\_\_ Picture ID Check \_\_\_\_\_  
*(Initial and attach a copy of picture ID)* **Fingerprinting Authorization Signature**  
*(When required)*

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

Alaskan / Indian \_\_\_\_\_ Asian / Pacific \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Caucasian \_\_\_\_\_

School \_\_\_\_\_ Program/Purpose \_\_\_\_\_

Name \_\_\_\_\_  
*(Last) (First) (MI)*

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

Address \_\_\_\_\_  
*(Street) (City & State) (Zip Code)*

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

**In Case of Emergency contact:**

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

**Are you a parent, guardian or caretaker for a child in a WCSD School? If YES, please list student/teacher name/s:**

**If you do not have a child currently enrolled in a Washoe County School, are you volunteering as part of a community organization or business member? If yes, please list the name/s:**

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

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

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

## OFFICIAL USE ONLY

**Questions? Contact Lisa-Marie Lightfoot, Volunteer Services (District mail address), Located at 7495 South Virginia, Reno, NV 89511-1113, Phone: 775-851-5655 Fax: 775-851-5669 Email: [lightfoot@washoe.k12.nv.us](mailto:lightfoot@washoe.k12.nv.us)**

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

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

**DISTRIBUTION:** School, Volunteer Services; FIB Office, Volunteer Services

**Reminder, you must always disclose criminal information. Have you ever been:**

Convicted, pled guilty, pled nolo contendere or arrested for a criminal offense, other than a minor traffic violation?  Yes  No

Arrested for a drug or sexual related offense or act of violence?  Yes  No

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.

**Note: Any applicant on an active "Wanted List" (registered sex offender, terrorist list, etc.) WILL NOT BE ALLOWED TO VOLUNTEER AT WASHOE COUNTY SCHOOL DISTRICT.**

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**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 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, 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.

**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. Parents are discouraged from bringing younger children to school, but the final decision rests with each school principal/authority.

**Child neglect and abuse reporting:** School volunteers are obligated under mandatory child reporting laws to report any suspected child neglect or abuse. If you suspect child abuse, immediately contact the school principal or school counselor.

**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 775-851-5655, or email llightfoot@washoe.k12.nv.us 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.***

\_\_\_\_\_  
(Volunteer Signature) (Date)  
VOLUNTEER, PLEASE PRINT NAME HERE: \_\_\_\_\_