



VOLUNTEER APPLICATION

PLEASE COMPLETE BOTH SIDES OF THIS FORM.
Print your full legal name and date of birth (not the student's).

NAME: _____ DATE: _____

DATE OF BIRTH: _____ MAIDEN/ALIAS NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

I wish to volunteer at the following schools/programs (mark all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Allen School | <input type="checkbox"/> Burlington-Edison High School |
| <input type="checkbox"/> Bay View School | <input type="checkbox"/> Overnight Camp Chaperone |
| <input type="checkbox"/> Edison School | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lucille Umbarger Middle School | |
| <input type="checkbox"/> West View Early Learning Center | |

Student Name(s):	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever worked or volunteered at another school or district? ☐ Yes ☐ No

If "yes," which school(s) or district(s)? _____

I agree to complete the following disclosure information and understand that a satisfactory State Criminal History Background Clearance is required and that my service as a volunteer is dependent upon approval. I understand this time spent is in a volunteer capacity only and I have read and agree to comply with district, school and classroom rules, policies and procedures, including: Maintaining Professional Staff/Student Boundaries, Sexual Harassment, Prohibition of Harassment, Intimidation and Bullying, Nondiscrimination, and Child Abuse & Neglect.

SIGNATURE

DATE

The Burlington-Edison School District does not discriminate in any programs or activities on the basis of race, ethnicity, religion, creed, color, national origin, age, honorably-discharged veteran or military status, sex, sexual orientation, gender expression or identity, homelessness, immigration or citizenship status, marital status, the presence of any sensory, mental or physical disability, neurodivergence, or the use of a trained dog guide or service animal by a person with a disability and provides equal access to school facilities to the Boy Scouts of America and other designated youth groups listed in Title 36 of the United States Code as a patriotic society. The following employees have been designated to handle questions and complaints of alleged discrimination: Civil Rights Compliance/Title IX Coordinator, Jennifer Whitney, jwhitney@be.wednet.edu (360-757-3311); ADA/Section 504 Coordinator, Jeff Brown, jbrown@be.wednet.edu (360-757-3311). Address: 927 E. Fairhaven Avenue, Burlington, WA 98233. Title IX Inquiries may also be directed toward the U.S. Department of Education, Office of Civil Rights (OCR): <https://www2.ed.gov/about/offices/list/ocr/index.html>. The Burlington-Edison School District is an equal opportunity employer. The District is a smoke-free/drug-free workplace.

Updated August 2025

Washington State Patrol Access to Criminal History

Pursuant to Revised code of Washington (RCW) 43.43.830-.845, organizations providing services to children need adequate information to determine which employees/volunteers to hire or engage. Therefore, the Washington State Patrol Identification and Criminal History Section may disclose, upon request, convictions of crimes against children or other persons, crimes relating to drugs, crimes relating to financial exploitation of a vulnerable adult, and certain civil adjudications. Responses are limited to Washington State records only. Burlington-Edison School District will perform a background check for all prospective volunteers. Volunteers will be notified if any Criminal History Record Information (CHRI) is found. Please note that volunteer background checks must be conducted every two (2) years.

Disclosure Statement

Please disclose, under penalty of perjury, if you have ever been:

YES NO

- | | | |
|-------|-------|--|
| _____ | _____ | Convicted of any crime against children or other persons; |
| _____ | _____ | Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult; |
| _____ | _____ | Convicted of crimes relating to drugs as defined in RCW 43.43.830; |
| _____ | _____ | Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor. |
| _____ | _____ | 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; |
| _____ | _____ | Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult; or |
| _____ | _____ | Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult. |

If "yes", please explain _____

Signed and sworn under penalty of perjury by:

Name (please print): _____

Signed: _____ Date: _____

Washington State Driver's License – In order to perform the required background check we must have a copy of your current driver's license. Please make a copy of your Washington State driver's license and attach it to this form.

OFFICE USE ONLY

Background check done by: _____ Date: _____

District Officer Cleared: _____ Date: _____

Restrictions: _____



VOLUNTEER CONFIDENTIALITY STATEMENT / POLICIES, PROTOCOLS, AND HANDBOOK ACKNOWLEDGMENT

I shall respect the privacy concerns of students and staff, and I shall hold in confidence all information learned in the course of my volunteer service, whether that information is obtained through written records or daily interaction. I will not disclose an individual's confidences to anyone, except: 1) as mandated by law; 2) to prevent a clear and immediate danger to a person or persons.

I shall store or dispose of records in ways that maintain confidentiality.

I shall possess a professional attitude, which upholds confidentiality, and hold confidential any information about sensitive situations within this school.

I understand that violation of this confidentiality statement may be grounds for immediate dismissal.

I have received a copy of the volunteer handbook for this school and have either read it or had it read to me carefully. I understand that the manual is intended to cover the procedures, rules and policies most often applied to day-to-day volunteer activities, and that some of the information will change from time to time as procedures evolve. I understand that I am a volunteer and respect the privilege afforded me to serve in that capacity is at the direction and decision of the staff and administrators.

I have reviewed the following Burlington-Edison School District policies and procedures:

<https://www.be.wednet.edu/o/besd/page/school-board-policy-manual>

- Sexual Harassment of Students Prohibited – Policy 3205 and Procedure 3205P
- Sexual Harassment of District Staff Prohibited – Policy 5011 and Procedure 5011P
- Maintaining Professional Staff/Student Boundaries – Policy 5253 and Procedure 5253P
- Prohibition of Harassment, Intimidation, and Bullying of Students – Policy 3207 and Procedure 3207P
- Nondiscrimination – Policy 3210 and Procedure 3210P
- Child Abuse and Neglect – Policy 3421 and Procedure 3421P

I understand that I am responsible for following District procedures regarding maintaining professional staff/student boundaries, incident reporting, and consequences of engaging in boundary invasions.

I understand that while school volunteers are not legally mandated reporters of suspected child abuse, the District's expectation is that volunteers speak to an administrator promptly regarding any inappropriate incident, conduct, or behavior.

I will adhere to these guidelines and acknowledge my role in protecting children from inappropriate conduct by adults.

*Volunteer's Name - **PLEASE PRINT***

Location/School

Volunteer's Signature

Date



VOLUNTEER RELEASE/HOLD HARMLESS AGREEMENT

Volunteer Name: _____

Volunteer Address: _____

Volunteer Phone Number: _____

The undersigned desires to participate as a volunteer in the following event:

which is being sponsored by the Burlington-Edison School District on _____ (Date).

I ACKNOWLEDGE the Burlington-Edison School District will make every attempt to ensure my safety while participating in this volunteer project, but there are certain inherent risks involved that may be unavoidable resulting in bodily injury, death, or property damage to myself or others. I acknowledge that I am fully aware of any and all risks posed by these volunteer activities and that I have no medical condition that prevents me from engaging in them.

I further acknowledge the Burlington-Edison 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. Furthermore, I acknowledge that I do not qualify for worker's compensation benefits and am expected to carry personal medical insurance to cover medical expenses for any injuries I may incur while performing volunteer services.

In consideration of my participation as a volunteer, I hereby release and agree to indemnify and hold harmless the Burlington-Edison School District and its School Board, employees, and agents from any liability for any loss, cost, or damage to me or my property arising out of or in connection with my activities or performance of my volunteer work. I agree that all information, property, and materials received and/or created by me in connection with the performance of my volunteer work are property of the District and I will return them promptly upon request or termination of my service.

I understand that I am a volunteer for the Burlington-Edison School District, not an employee. I further understand that I am not entitled to receive a salary, benefits, or other compensation. Nothing in this Agreement creates a partnership or relationship of employer and employee or agent and principal between the parties. I further understand and agree that my volunteer service may be terminated at any time without cause or recourse.

I agree to comply with all program and District guidelines. I further agree to follow the directions of District faculty and staff when on school grounds and/or at school-sponsored events.

Signed: _____ Date: _____

(If under 18 years of age, parent/guardian signature is required below)

Signature of Parent/Guardian: _____ Date: _____

(If applicable)