# STANWOOD-CAMANO SCHOOL DISTRICT
# COACH/EXTRA-CURRICULAR APPLICATION (VOLUNTEER)

**All coaches (paid and/or volunteer) must comply with the WIAA coaching requirements including the following:**

- **Hold a valid current "hands-on" First Aid Certification or have completed a School District approved Athletic Training/Sports Medicine course equivalent to the Red Cross First Aid training or be in enrolled in a "hands-on" class**
- **Hold a valid "hands-on" Certification or be enrolled in a "hands-on" Course**
- **Red Cross Safety Training for Swim Coaches or Lifeguard Certification is required for all swimming and diving coaches**
- **Washington State Disclosure Form**
- **OSPI Moral Character Supplement Form 4020B be completed**
- **Meet minimum age and graduation requirements for applicable coaching position**
- **Meet clock hour/continuous training requirements**

**The following forms/information MUST be completed before you will be considered for a coaching position (paid and/or volunteer) in the Stanwood-Camano School District:**

### 1. District Application Form
Please complete a district coach packet (either Volunteer or Employee) which includes the Character and Fitness Supplement (Form SPI/CERT 4020B), Disclosure Form, Volunteer or Classified Employee application form.

### 2. Disclosure Form and Authorization/Release Forms
All coaches must complete the School Disclosure and Authorization/Release forms before coaching in the District as well as the Washington State Sexual Misconduct Form for any district for which you have previously been employed. This requirement is in addition to the Superintendent of Public Instruction (SPI) fingerprinting requirement.

### 3. Acknowledgement of Policy 5253
All coaches, paid and volunteer, must review and acknowledge understanding of SCSD policies and expectations for Maintaining Professional Staff/Student Boundaries and complete and return Acknowledgement.

### 4. Immunization History

### 5. Fingerprint Check through SPI
If you have been fingerprinted within the last 2 years for SPI, you name will appear in our database and you will not be required to be printed. This must be verified by Personnel before coaching. If you do not have current fingerprint records in the database, you must be printed prior to coaching. **Please see the fingerprint instruction sheet.**

### 6. Copies of Licenses/Certificates/Training
Submit copies of any First-Aid, CPR, Emergency Training Certificates and clock hour records to Personnel to begin your WIAA Coach Compliance Record.

### 7. Copies of Letters of Recommendation
Submit any copies of letters of recommendation or reference forms for review with your application packet.

***Please note, all coaches – paid AND volunteer – must be approved by the Athletic Director prior to fingerprinting and clearances.***

*Upon hire, paid coaches will be required to complete and submit all paperwork as required for payroll purposes including current identification and social security card.*

# EMPLOYMENT APPLICATION ~ VOLUNTEER COACH

## *Stanwood-Camano School District #401*

26920 Pioneer Highway, Stanwood, WA 98292

_____ _____
*Last* *First* *Middle* *Social Security Number*
**(Print name as it appears on your Social Security Card)**

**Present Address** _____ _____ _____
*Street* *City* *State ◆ Zip*

_____ _____ **EMAIL** _____
*Home Phone* *Cell Phone*

**Position**

Application to volunteer coach for the following:

☐ Stanwood High School ☐ Port Susan Middle School ☐ Stanwood Middle School

Sport(s): ☐XCountry ☐ Football ☐ Girls Soccer ☐ Volleyball ☐ Girls Swimming ☐ Boys Tennis
☐ Boys Basketball ☐ Girls Basketball ☐Wrestling ☐Boys Swimming
☐Track ☐ Baseball ☐ Girls Fast Pitch ☐ Boys Soccer ☐Girls Golf ☐Boys Golf ☐ Girls Tennis

**Education**

| Name of School and Location | Degree | Number of Years | Year Graduated |
|---|---|---|---|
| High School/G.E.D. | | | |
| College/University | | | |
| Business School | | | |
| Vocational School | | | |

Non-credit, night school, correspondence courses, other education and training (list name of course, grade achieved, and year taken):

_____

_____

**Athletic Participation**

| School/Location | Sport | Position | Dates (From/To) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Coaching Experience**

| Club/School/Employer Name & Phone | Position/Title | Dates (From/To) | Reason for Leaving |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

*Continued*

**Related Certification & Info**

**Current First Aid Certification?** ☐ **Yes (Expiration Date: _____** ☐ **No**

**Current CPR/AED Certification?** ☐ **Yes (Expiration Date: _____** ☐ **No**

Do you understand your obligation as a coach for state coaching compliance relative to education hours and current CPR/1st Aid certification?

☐ Yes ☐ No Current coaching level (please check one): ☐ Entry level ☐ Beginning level ☐ Continuous level

**Please list 3 references who can speak to your qualifications as a coach:**

| Name/Title | Address | Work Phone | Home Phone |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Add'l**

Additional Information

**General**

- A personal interview is required before an applicant can be recommended for selection. You will be contacted by the District Office to arrange a time for an interview
- This application will be kept in our files until November 1, following the date of receipt. For consideration after that date, a new application must be completed.
- Any falsification or omission herein shall be considered sufficient cause for dismissal.
- Your signature permits us to request your conviction record from the state criminal identification system for offenses against person, civil findings of child abuse or neglect, or any disciplinary board final decisions.
- **ONLY CANDIDATES WITH COMPLETE APPLICATION MATERIALS WILL BE CONSIDERED FOR THE POSITION AND NOTIFIED OF THE POSITION STATUS.**

*I agree to complete the disclosure information required under RCW 43.43.830 through 43.43.845. I understand this time is spent in a volunteer capacity only and I agree to comply with district, school and athletic rules, procedures, and policies.*

**In order to complete the WSP Clearance, please provide your date of birth:** _____

_____ _____

*Date* *Signature of Applicant*

**THE STANWOOD-CAMANO SCHOOL DISTRICT IS AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER.** The Stanwood-Camano School District provides equal employment opportunity for all applicants and employees and does not discriminate on the basis of race, color, national origin, creed, religion, sex, sexual orientation, the presence of any non-job related sensory, mental or physical disability, age, marital status, or veteran's status. This commitment applies to recruiting, hiring, retention, assignment, transfer, promotion, and training. District employees shall be free from harassment based on race, color, national origin, creed, religion, sex, sexual orientation, disability, age, marital status, or veteran's status. Complaints or inquiries regarding compliance may be directed to the school district's Affirmative Action/Title IX Officer, or, for issues related to disabilities, to the Section 504 Coordinator.

Affirmative Action/Title IX Officer
Linda D. Littlefield, Ed. D.
Executive Director of Human Resources
26920 Pioneer Highway
Stanwood, WA 98292-9548
(360) 629-1213

Section 504 Coordinator
Gale Forrest
Director of Student Support Services
26920 Pioneer Highway
Stanwood, WA 98292-9548
(360) 629-1200

## Stanwood-Camano School District is an Equal Opportunity Employer

Stanwood-Camano School District No. 401 is committed to an affirmative action program that provides for the recruitment of women, handicapped persons, members of ethnic minority groups in categories of work in which they may be under-represented, disabled veterans, and veterans of the Vietnam era. To implement this program more successfully, Stanwood-Camano School District No. 401 requests that you provide the following information. Completion of this section is voluntary. A decision not to provide this information will not result in any adverse treatment of your application for employment. This information will not be part of the employee's file but will be keep in a separate affirmative action file. Discrimination is prohibited by Titles VI and VII of the Civil Rights Act of 1964. Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, Age Discrimination in Employment Act Amendments of 1978, Vietnam Era Veterans' Readjustment Assistant Act of 1974, and other federal and state statutes and regulations.

**Name** _____ **Date** _____

**Gender:**

☐ Male ☐ Female

**Ethnicity:**

☐ Hispanic/Latino (Y)
☐ Not Hispanic/Latino (N)

**Category(ies):**

☐ American or Alaskan Indian
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

**Disabled Status:**

Do you have a physical, sensory, or mental condition that would affect your working conditions?

☐ Yes ☐ No

**Age Group:**

Are you in the protected age group (age 40 or over)? ☐ Yes ☐ No

**Veteran Status:**

| | | |
|---|---|---|
| Veteran | ☐ Yes | ☐ No |
| Disabled Veteran | ☐ Yes | ☐ No |

**STANWOOD-CAMANO SCHOOL DISTRICT**
**APPLICANT FOR EMPLOYMENT DISCLOSURE STATEMENT**
**PURSUANT TO CHAPTER 43.43 RCW**

**Please 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 of the conviction or finding, the court(s) involved, and the penalty imposed. I understand that the Stanwood-Camano School District may inquire of state and federal law enforcement or other agencies and examine court or agency records regarding my criminal history and civil adjudications.

1. Have you **ever** been convicted of any crime?
   The term **'convicted'** means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution.

Answer _____ If YES, PLEASE EXPLAIN BELOW.

_____

_____

_____

_____

2. Have you **ever** had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding.

   A civil adjudicative proceeding includes a judicial or administrative proceeding as well as findings by the Department of Social and Health Services or the Department of Health that you have not administratively challenged or appealed.

Answer _____ If YES, PLEASE EXPLAIN BELOW.

_____

_____

_____

_____

Any misrepresentation or omission of facts shall be sufficient cause for rescission of an offer of employment or termination of employment.
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.

Print Name _____ Phone _____

Signature _____ Date _____

Place _____

WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION
435 Main Avenue South
RENTON, WA 98055
(425) 687-8585 Fax: (425) 687-9476
Web Site: http:/ /www.k12.wa.us/cert/

# CHARACTER AND FITNESS SUPPLEMENT

(To be provided to hiring district for coaching records)

Please complete the following questions carefully and completely before providing information and signing the affidavit. **Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.**

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH ON A SEPARATE SHEET OF PAPER.

## SECTION I - PERSONAL INFORMATION (please print or type)

| | |
|---|---|
| 1. NAME LAST FIRST MIDDLE | 2. MAIDEN NAME |
| 3. ADDRESS | 4. DATE OF BIRTH |
| CITY/STATE/ZIP | 5. SOCIAL SECURITY NO. (OPTIONAL) |
| 6. TELEPHONE BUSINESS: ( ) HOME: ( ) | 7. E-MAIL |

8. Please list all former names you have used and approximate dates of use. (If more than three, list on separate sheet of paper.)

Date
Date
Date

## SECTION II - PROFESSIONAL FITNESS

| Yes | No | | |
|---|---|---|---|
| ☐ | ☐ | 1. | Have you ever held or do you currently hold a Washington education certificate? |
| ☐ | ☐ | 2. | Have you ever held or do you currently hold any education certificate, credential or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries: |
| ☐ | ☐ | 3. | Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry. |

**If you answer "yes" to questions 4 through 11 (Section II), on a separate sheet of paper, give a complete explanation, including duties, circumstances, and supporting documentation.**

| | | | |
|---|---|---|---|
| ☐ | ☐ | 4. | Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions [including stayed], revocations, voluntary surrenders, or voidance.) |
| ☐ | ☐ | 5. | Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license? |
| ☐ | ☐ | 6. | Have you ever withdrawn an application for any education certificate, credential, or license? |
| ☐ | ☐ | 7. | Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position? |
| ☐ | ☐ | 8. | Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs) |
| ☐ | ☐ | 9. | Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending? |

| Yes | No | |
|---|---|---|
| ☐ | ☐ | 10. Have you ever been disciplined by a past or present employer because of allegations of misconduct? |
| ☐ | ☐ | 11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct? |

## SECTION III - CRIMINAL HISTORY

**If you answer "yes" to any of the questions 1–5 (Section III), please provide the following:**

A. On a separate sheet of paper state the following:

a. A detailed statement including what occurred, the nature of the offense, charge or warrant.
b. The name and address of the arresting agency.
c. If a court was involved, the name and address of the court.
d. The date of the arrest.
e. The final disposition, if any.

B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge[s] were filed).

C. Provide a copy of the complete arresting officer's report.

D. If a court was involved, provide the sentence and judgment (can be obtained at the court in which the charge[s] were filed).

E. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1, 2, 3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under influence (DUI) occurring more than 5 years ago.

| Yes | No | |
|---|---|---|
| ☐ | ☐ | 1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (Do NOT include Minor in Possession [MIP]/Minor in Consumption [MIC] occurring more than 2 years ago or Driving Under Influence [DUI/DWI] occurring more than 5 years ago.) (Note: For "yes" responses to 1, 2, 3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than $300 was imposed. |
| ☐ | ☐ | 2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law? |
| ☐ | ☐ | 3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes [1] all instances in which a plea of guilty or nolo contendere is the basis of conviction, [2] all proceedings in which a sentence has been suspended or deferred, [3] or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than $300 was imposed. |
| ☐ | ☐ | 4. Have you ever been convicted of any felony crime? |
| ☐ | ☐ | 5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country. |
| ☐ | ☐ | 6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation on a separate piece of paper. |

## SECTION IV - FITNESS

**If you answer "yes" to any question (Section IV), provide a written explanation on a separate sheet of paper:**

| Yes | No | |
|---|---|---|
| ☐ | ☐ | 1. Have you ever exhibited any behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license? |
| ☐ | ☐ | 2. In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.) |
| ☐ | ☐ | 3. In the last 10 years, have you ever threatened to damage or destroy property? |
| ☐ | ☐ | 4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.) |
| ☐ | ☐ | 5. Have you ever threatened to do physical injury or harm to any person(s)? (Do not list threats issued as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.) |

## SECTION IV - FITNESS

| Yes | No | N/A | | |
|---|---|---|---|---|
| ☐ | ☐ | | 6. | Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety? |
| ☐ | ☐ | ☐ | 7. | If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety? |
| ☐ | ☐ | ☐ | | If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program. |
| ☐ | ☐ | | 8. | Do you currently use illegal drugs? |
| ☐ | ☐ | | 9. | Have you used illegal drugs in the last year? |
| ☐ | ☐ | ☐ | | If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program. |

**If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.**

| Yes | No | | |
|---|---|---|---|
| ☐ | ☐ | 10. | Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor? |
| ☐ | ☐ | 11. | Have you ever been found in any dependency or domestic relation matter to have physically abused any person? |

**If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.**

| Yes | No | | |
|---|---|---|---|
| ☐ | ☐ | 12. | Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.) |
| ☐ | ☐ | 13. | Are you currently in non-compliance with a support order? |

## SECTION V - CHARACTER REFERENCES

List three individuals, not related to you, who will serve as character references.

| | |
|---|---|
| NAME | TELEPHONE NUMBER ( ) |
| MAILING ADDRESS | CITY/STATE/ZIP |
| NAME | TELEPHONE NUMBER ( ) |
| MAILING ADDRESS | CITY/STATE/ZIP |
| NAME | TELEPHONE NUMBER ( ) |
| MAILING ADDRESS | CITY/STATE/ZIP |

*** ATTENTION ***

**Please complete the appropriate sections on the next page (pg. 4 of 4).**

## ALL APPLICANTS MUST COMPLETE THE AFFIDAVIT

**AFFIDAVIT**

I, _____ _____ certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.

SIGNATURE DATE CITY/STATE

## COLLEGE/UNIVERSITY STUDENTS ONLY

Please also complete the release below:

**AFFIDAVIT**

I hereby authorize _____ to release, orally or in writing as may be requested, all student
(name of college/university)
records and other personally identifiable information to the Office of the Superintendent of Public Instruction (OSPI) for the purpose of investigating and determining my eligibility for Washington State certification pursuant to RCW 28A.410, WAC 180-86, and WAC 180-87, as now or hereafter amended.

SIGNATURE OF APPLICANT DATE

*PLEASE HAVE THREE (3) OF THE FOLLOWING CONFIDENTIAL EMPLOYEE REFERENCES COMPLETED AND MAILED DIRECTLY TO STANWOOD-CAMANO SCHOOL DISTRICT, 26920 Pioneer Highway, STANWOOD, WA 98292 ON YOUR BEHALF*

# Confidential Employee Reference Form ~ Classified


## Stanwood-Camano School District No. 401

26920 Pioneer Highway, Stanwood, WA 98292
(360) 629-1200 FAX: (360) 629-1484


**Applicant Directions:** Complete the release information below and forward this form to your most recent supervisor(s).

I am an applicant for a classified position with the Stanwood-Camano School District. Please state your opinion of my abilities on this form. I hereby release and discharge the school district or company referenced herein, the Stanwood-Camano School District, and all of those who provide information about me from any liability as a result of furnishing and receiving this information.

_____ _____
Print Full Legal Name Social Security Number

_____ _____
Signature Date

**Reference Directions:** This reference is confidential and will not be shared with the applicant. Circle the appropriate response and complete the information. A rating of "9" on a 1-10 scale indicates that the candidate is at the 90th percentile (upper 10%); a rating of "5" places the candidate at the 50th percentile (about middle); and a rating of "1" places the candidate at the 10th percentile (lower 10%) as compared to other professionals with whom the evaluator has worked. Any specific comments that support your rating would be appreciated. Thank you for your time.

| Personal | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Adapts to new situations readily | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 2 | Projects a relaxed and confident manner when leading or working in front of a group of adults | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 3 | Displays a high degree of professional ethics and moral character | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 4 | Constantly seeks ways to improve professional skills | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 5 | Assumes responsibility and carries out tasks efficiently | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 6 | Competent in organizational skills (i.e. planning, scheduling, and managing details) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |

| Leadership | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | Persistent in working toward clear goals | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 8 | Participates freely in group discussions | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 9 | Ability to make and be responsible for decisions | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 10 | Ability to diagnose problems and gather the support of others in problem-solving | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |

| Communication | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 | Communicates using clear verbal instructions and explanations | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 12 | Transmits written ideas clearly and effectively | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |

**(Continued)**

| Human Relations | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 13 | Builds student self-esteem and is respectful when working with children | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 14 | Is skilled in interpersonal relation techniques | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 15 | Manages conflict productively and resolves problems in a timely and professional manner | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |

| Overall Impression | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16 | Overall impression of this person's qualifications as a potential candidate for this position | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |

How long have you known this candidate and in what capacity? _____

In your opinion, what are the individual's greatest strengths:

_____

_____

In your opinion, what area(s) does this individual most need to improve or to grow professionally: _____

_____

Has this person ever been on a Plan of Improvement, disciplined, or dismissed? _____

Comments: _____

_____

_____

**Reference Information:**

_____ _____ (____)_____

Printed Name of Individual Completing Form Title Telephone Number

_____

School District/Company Name

_____

Address City State Zip Code

_____

Signature Date

SCSD Conf Ref Classsified 02/03

*PLEASE HAVE THREE (3) OF THE FOLLOWING CONFIDENTIAL EMPLOYEE REFERENCES COMPLETED AND MAILED DIRECTLY TO STANWOOD-CAMANO SCHOOL DISTRICT, 26920 Pioneer Highway, STANWOOD, WA 98292 ON YOUR BEHALF*

# Confidential Employee Reference Form ~ Classified

## Stanwood-Camano School District No. 401

26920 Pioneer Highway, Stanwood, WA 98292
(360) 629-1200 FAX: (360) 629-1484

**Applicant Directions:** Complete the release information below and forward this form to your most recent supervisor(s).

I am an applicant for a classified position with the Stanwood-Camano School District. Please state your opinion of my abilities on this form. I hereby release and discharge the school district or company referenced herein, the Stanwood-Camano School District, and all of those who provide information about me from any liability as a result of furnishing and receiving this information.

_____ _____
Print Full Legal Name Social Security Number

_____ _____
Signature Date

**Reference Directions:** This reference is confidential and will not be shared with the applicant. Circle the appropriate response and complete the information. A rating of "9" on a 1-10 scale indicates that the candidate is at the 90th percentile (upper 10%); a rating of "5" places the candidate at the 50th percentile (about middle); and a rating of "1" places the candidate at the 10th percentile (lower 10%) as compared to other professionals with whom the evaluator has worked. Any specific comments that support your rating would be appreciated. Thank you for your time.

| Personal | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Adapts to new situations readily | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 2 | Projects a relaxed and confident manner when leading or working in front of a group of adults | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 3 | Displays a high degree of professional ethics and moral character | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 4 | Constantly seeks ways to improve professional skills | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 5 | Assumes responsibility and carries out tasks efficiently | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 6 | Competent in organizational skills (i.e. planning, scheduling, and managing details) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |

| Leadership | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | Persistent in working toward clear goals | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 8 | Participates freely in group discussions | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 9 | Ability to make and be responsible for decisions | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 10 | Ability to diagnose problems and gather the support of others in problem-solving | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |

| Communication | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 | Communicates using clear verbal instructions and explanations | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 12 | Transmits written ideas clearly and effectively | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |

**(Continued)**

| Human Relations | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 13 | Builds student self-esteem and is respectful when working with children | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 14 | Is skilled in interpersonal relation techniques | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 15 | Manages conflict productively and resolves problems in a timely and professional manner | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |

| Overall Impression | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16 | Overall impression of this person's qualifications as a potential candidate for this position | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |

How long have you known this candidate and in what capacity? _____

In your opinion, what are the individual's greatest strengths:

_____

_____

In your opinion, what area(s) does this individual most need to improve or to grow professionally: _____

_____

Has this person ever been on a Plan of Improvement, disciplined, or dismissed? _____

Comments: _____

_____

_____

**Reference Information:**

_____ _____ (____)_____

Printed Name of Individual Completing Form Title Telephone Number

_____

School District/Company Name

_____

Address City State Zip Code

_____

_____

Signature Date

SCSD Conf Ref Classsified 02/03

*PLEASE HAVE THREE (3) OF THE FOLLOWING CONFIDENTIAL EMPLOYEE REFERENCES COMPLETED AND MAILED DIRECTLY TO STANWOOD-CAMANO SCHOOL DISTRICT, 26920 Pioneer Highway, STANWOOD, WA 98292 ON YOUR BEHALF*

# Confidential Employee Reference Form ~ Classified

## Stanwood-Camano School District No. 401

26920 Pioneer Highway, Stanwood, WA 98292
(360) 629-1200 FAX: (360) 629-1484

**Applicant Directions:** Complete the release information below and forward this form to your most recent supervisor(s).

I am an applicant for a classified position with the Stanwood-Camano School District. Please state your opinion of my abilities on this form. I hereby release and discharge the school district or company referenced herein, the Stanwood-Camano School District, and all of those who provide information about me from any liability as a result of furnishing and receiving this information.

_____ _____
Print Full Legal Name Social Security Number

_____ _____
Signature Date

**Reference Directions:** This reference is confidential and will not be shared with the applicant. Circle the appropriate response and complete the information. A rating of "9" on a 1-10 scale indicates that the candidate is at the 90th percentile (upper 10%); a rating of "5" places the candidate at the 50th percentile (about middle); and a rating of "1" places the candidate at the 10th percentile (lower 10%) as compared to other professionals with whom the evaluator has worked. Any specific comments that support your rating would be appreciated. Thank you for your time.

| Personal | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Adapts to new situations readily | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 2 | Projects a relaxed and confident manner when leading or working in front of a group of adults | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 3 | Displays a high degree of professional ethics and moral character | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 4 | Constantly seeks ways to improve professional skills | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 5 | Assumes responsibility and carries out tasks efficiently | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 6 | Competent in organizational skills (i.e. planning, scheduling, and managing details) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |

| Leadership | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | Persistent in working toward clear goals | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 8 | Participates freely in group discussions | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 9 | Ability to make and be responsible for decisions | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 10 | Ability to diagnose problems and gather the support of others in problem-solving | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |

| Communication | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 | Communicates using clear verbal instructions and explanations | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 12 | Transmits written ideas clearly and effectively | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |

**(Continued)**

| Human Relations | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 13 | Builds student self-esteem and is respectful when working with children | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 14 | Is skilled in interpersonal relation techniques | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |
| 15 | Manages conflict productively and resolves problems in a timely and professional manner | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |

| Overall Impression | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16 | Overall impression of this person's qualifications as a potential candidate for this position | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | N/A |

How long have you known this candidate and in what capacity? _____

In your opinion, what are the individual's greatest strengths:

_____

_____

In your opinion, what area(s) does this individual most need to improve or to grow professionally: _____

_____

Has this person ever been on a Plan of Improvement, disciplined, or dismissed? _____

Comments: _____

_____

_____

**Reference Information:**

_____ _____ (____)_____

Printed Name of Individual Completing Form Title Telephone Number

_____

School District/Company Name

_____

Address City State Zip Code

_____

Signature Date

SCSD Conf Ref Classsified 02/03

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Office of Professional Practices
Old Capitol Building
PO BOX 47200
Olympia WA 98504-7200

# WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

**To:**

| |
|---|
| SCHOOL DISTRICT EMPLOYER |
| PERSONNEL DEPARTMENT |
| STREET ADDRESS |
| CITY, STATE, ZIP |

The named applicant is under consideration for a position in our district. The Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Washington's school children. The individual whose name appears below has had previous employment with your organization. As a former employer, we request you provide the information requested on this form within 20 business days as required by state law (RCW 28A.400). Sexual misconduct definitions are found in WAC 180-87-080. Your assistance is appreciated.

| |
|---|
| APPLICANT'S NAME (FIRST, MIDDLE, LAST) |
| FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION |
| SOCIAL SECURITY NUMBER |
| APPROXIMATE DATES OF EMPLOYMENT |
| POSITION(S) |

I authorize you to release to the school/district listed below, all information related to any acts of sexual misconduct committed by me as defined by the state board of education. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

Applicant Signature _____ Date _____

☐ No sexual misconduct materials were found.
☐ Yes, sexual misconduct materials are being forwarded to requesting school district.

Complaint of sexual misconduct was filed with OSPI. ☐ Yes ☐ No

Former Employer Signature _____ Title _____ Date _____

**Return all completed information to:**

| | |
|---|---|
| SCHOOL DISTRICT<br>Stanwood-Camano School District #401 | |
| ADDRESS<br>26920 Pioneer Highway, Stanwood, WA 98292 | |
| PHONE<br>360 629-1200 | FAX<br>360 629-1484 |

Employing School Receipt Date _____ Recipient Name _____

# Immunization Record for School Personnel

**Name** _____ **Date of Birth** _____

| | Month | Day | Year |
|---|---|---|---|
| **Measles** (Rubeola)<br>(One dose of live measles vaccine administered since 1968 and given on or after one year of age) | | | |
| *Rubella*<br>(One dose of vaccine administered on or after one year of age) | | | |
| *Mumps*<br>(One dose of vaccine administered on or after one year of age) | | | |

## *Documentation of Measles Immunity*

I certify that the person named above has laboratory evidence of immunity to the measles virus and does not need a measles vaccine.

_____ _____

Physician Signature or Stamp Date

*Documentation of Rubella Immunity*

I certify that the person named above has laboratory evidence of immunity to the rubella virus and does not need a rubella vaccine.

_____ _____

Physician Signature or Stamp Date

**Exemptions:** I am opposed to immunizations and do not want to have any vaccines; or I do not want to receive the following vaccines:

_____ _____ _____

Name of Vaccine(s) Signature Date

Note: In the event of an outbreak of vaccine preventable disease from which you are exempt, you may be excluded from work, without pay, for the duration of the outbreak.

_____ _____

Signature Date

# FINGERPRINT REQUIREMENTS/INSTRUCTIONS FOR SCHOOL DISTRICT AND EDUCATIONAL SERVICE DISTRICT EMPLOYEES

Washington State law now requires that any person hired by a school district or an educational service district must be fingerprinted for a State and National background check. Temporary or substitute employees must also be fingerprinted. The policy at the Stanwood-Camano School District is to fingerprint all paid employees (substitute and permanent) since each person has the potential to have some contact with students. The background check requires fingerprint cards (of the applicant) to be submitted to OSPI for Washington State Patrol Identification and Criminal History Section (WSP Identification Section). The WSP Identification Section will collect appropriate fees for both the state and FBI check and will forward one set of fingerprints to the Federal Bureau of Investigation (FBI). This is a two-part function; the WSP check will take approximately 14 days, and clearance from the FBI will take about eight weeks. Volunteers must complete volunteer registration form along with a State Patrol Background Clearance.

You must provide proof that completed fingerprint card along with the appropriate fee(s) have been submitted before you are allowed to work in the Stanwood-Camano School District. If printing is done through ESD 189, the information is accessible to us via the OSPI website. If printing is done through a police department, please provide a receipt from the police department as proof of the fingerprint submission.

## Options for fingerprinting:

**BEST OPTION: NW ESD 189, Anacortes** – Call 360 299-4000 to make an appointment. The ESD has the new LIVESCAN and is directly connected to OSPI so prints usually clear very rapidly. **A service fee of $25.00 will be charged by the ESD and in this case you will also need to pay the $43.50 fee to OSPI directly to ESD 189 by cashier's check or money order ONLY. (No personal or business checks.) They collect and submit all fees and prints directly.**

**Stanwood Police Department** - every Tuesday and Thursday (1:00 PM - 4:00 PM). A service fee of $15.00 may be charged by the City of Stanwood. (Please confirm times directly with Stanwood Police Department.) ***Please obtain a fingerprint card and mailing envelope from the school district to take to the police department.*** The Police Department does have a LIVESCAN system, but it is NOT directly connected to OSPI so each completed fingerprint card must be submitted by mail and **must include payment of a $43.50 fee** for the State and National Background checks. **At this time this may be paid by cashiers, personal or business check**. The fee for the background check is $43.50 payable to the "OSPI" (Office of Superintendent of Public Instruction). **The police department will collect and submit all fees and prints directly. Please obtain a receipt to submit to Stanwood-Camano School District as proof of your fingerprint completion.**

Present at least one form of picture identification to the agency taking your fingerprints.

Permanent employees being hired by the Stanwood-Camano School District will have the fee paid for by the district. Substitutes that are hired later as permanent employees will not be reimbursed for prior fingerprint fees.

The Washington State Patrol will be unable to respond to questions regarding the status of your cards.

**Please DO NOT complete information on the card until told to do so.** The Stanwood Police Department and ESD 189 now have LIVESCAN and most of the information will be completed by their computerized process. Any pen entries and signatures on the card MUST be made in BLACK INK.

Please be sure all information is complete, including a **complete mailing address** (include city, state and zip), **citizenship** (e.g., USA), **personal information** (sex, race, etc.), **date and place of birth**, and **social security number**. Entering your social security number is optional. However, it is sometimes used for verification when a public school district/college/university requests clearance information. Your social security number will only be used for this purpose and it will not be disseminated. The spaces for OCA, FBI and MNU numbers may be left blank if you do not have one of those numbers.

# MAINTAINING PROFESSIONAL STAFF/STUDENT BOUNDARIES

The purpose of this policy is to provide all staff, students, volunteers and community members with information to increase their awareness of their role in protecting children from inappropriate conduct by adults.

The Stanwood-Camano board of directors expects all staff members to maintain the highest professional, moral and ethical standards in their interaction with students. Staff members are required to maintain an atmosphere conducive to learning, including the establishment and maintenance of professional boundaries.

The interactions and relationships between staff members and students should be based upon mutual respect, maintenance of appropriate boundaries between adults and students in and outside of the educational setting, and conduct consistent with the educational mission of the schools.

Staff members will not intrude on a student's physical and emotional boundaries unless the intrusion is necessary to serve an educational purpose. An educational purpose is one that is required by the staff member's position in the district. Additionally, staff members are expected to be sensitive to the appearance of impropriety in their own conduct and the conduct of other staff when interacting with students. Staff members will discuss issues with their building administrator or supervisor whenever they suspect or are unsure whether conduct is inappropriate or constitutes a violation of this policy.

A staff member who has knowledge or reasonable cause to believe that a student has been a victim of physical abuse or sexual misconduct by another staff member is required by law to report such abuse or misconduct to the appropriate school administrator. The school administrator shall cause a report to be made to the proper law enforcement agency if he or she has reasonable cause to believe that the misconduct or abuse has occurred. During the process of making a reasonable cause determination, the school administrator shall contact all parties involved in the complaint.

The Stanwood-Camano board of directors supports the use of technology to communicate for educational purposes. However, district employees are prohibited from online socializing with students or from engaging in any conduct on social media that violates the law, district policies or generally recognized professional standards. Employees whose conduct violates this policy will face discipline and/or termination, consistent with the district's policies, acceptable use agreement and collective bargaining agreements, as applicable.
The superintendent or designee will develop staff protocols for reporting and investigating and develop procedures and training to accompany this policy.

| | | |
|---|---|---|
| Legal References: | RCW 28A.400.320-330 | Crimes against children |
| | RCW 28A.400.317 | Physical abuse and sexual misconduct by school employees |
| | RCW 28A.405.470 | Crimes against children - Mandatory termination of certificated employees - Appeal - Recovery of salary or compensation by district. |
| | RCW 28A.405.475 | Termination of certificated employee based on guilty plea or conviction of certain felonies - Notice to superintendent of public instruction - Record of notices. |
| | WAC 181-87 | Professional Certification - Acts of Unprofessional Conduct |
| | WAC 181-88 | Sexual Misconduct, Verbal and Physical Abuse - Mandatory Disclosure - Prohibited Agreements |

**Adoption Date: 05.04.2010**
**Stanwood Camano School District**

# Maintaining Professional Staff /Student Boundaries

The purpose of this procedure is to provide all staff, students, volunteers and community members with information to increase their awareness of their role in protecting children from inappropriate conduct by adults.

In a professional staff/student relationship, school employees maintain boundaries that are consistent with the legal and ethical duty of care that school personnel have for students.
A boundary invasion is an act or omission by a school employee that violates professional staff/student boundaries and has the potential to abuse the staff/student relationship.
An inappropriate boundary invasion means an act, omission, or pattern of such behavior by a school employee that does not have an educational purpose and results in abuse of the staff/student professional relationship.

**Unacceptable Conduct**
Examples of inappropriate boundary invasions by staff members include, but are not limited to, the following:

- Inappropriate physical contact with a student or any other conduct that might be considered harassment under the Board's policy on Harassment, Intimidation, and Bullying or Sexual Harassment
- Showing pornography to a student;
- Singling out a particular student or students for personal attention and friendship beyond the professional staff-student relationship;
- Socializing with students where students are consuming alcohol, drugs or tobacco,
- For non-guidance/counseling staff, encouraging students to confide their personal or family problems and/or relationships. If a student initiates such discussions, staff members are required to refer the student to guidance/counseling staff. In either case, staff involvement should be limited to a direct connection to the student's school performance;
- Sending students on personal errands unrelated to any educational purpose;
- Comments, jokes or innuendos of a sexual nature to, with, or about students;
- Disclosing personal, sexual, family, employment concerns, or other private matters to one or more students;
- Addressing students or permitting students to address staff members with personalized terms of endearment, pet names, or otherwise in an overly familiar manner;
- Maintaining personal contact with a student outside of school by phone, email, Instant Messenger or Internet chat rooms, social media, or letters (beyond homework or other legitimate school business) without including the parent/guardian.
- Exchanging personal gifts, cards or letters with an individual student;
- Socializing or spending time with students (including but not limited to activities such as going out for beverages, meals or movies, shopping, traveling, and recreational activities) outside of school-sponsored events, except as participants in organized community activities;
- Giving a student a ride alone in a vehicle in a non-emergency situation; and/or
- Invading a student's privacy, (e.g. walking in on the student in the bathroom)

**Appearances of Impropriety**
The following activities are boundary invasions and can create an actual impropriety or the appearance of impropriety. Whenever possible, staff should avoid these situations. If unavoidable, these activities should be pre-approved by the appropriate administrator. If not pre-approved, the staff person must report the occurrence, to the appropriate administrator, as soon as possible.

- Being alone with an individual student out of the view of others;
- Inviting or allowing individual students to visit the staff member's home;
- Visiting a student's home; and/or
- Social networking with students for non-educational purposes.

**Reporting Violations**
Students and their parents/guardians are strongly encouraged to notify the principal (or other school administrator) if they believe a teacher or other staff member may be engaging in conduct that violates this policy.
Staff members are required to promptly notify the principal (or other administrator) or the superintendent if they become aware of a situation that may constitute a violation of this policy.

**Disciplinary Action**
Staff violations of this policy may result in disciplinary action up to and including dismissal. The violation will also be reported to the state Office of Professional Practices. Violations involving sexual or other abuse will also result in referral to Child Protective Services and/or law enforcement in accordance with the board's policy on Reporting Child Abuse and Neglect.

**Training**
All new employees and volunteers will receive training on appropriate staff /student boundaries within three months of employment. Continuing employees will receive training every three years.

**Dissemination of Policy and Reporting Protocols**
This policy and procedure shall be included on the district Web site and in all employee, student and volunteer handbooks.

**Adopted: 05.04.2040**
**Stanwood-Camano School District**

## Volunteer Confidentiality Statement, Policies & Protocol 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.

| _____ | _____ |
|---|---|
| *Volunteer's Name* ***PLEASE PRINT*** | *Location/School* |
| _____ | _____ |
| *Volunteer's Signature* | *Date* |

## I have received and reviewed the following Stanwood-Camano School District policies/protocols:

- Policy 5253 – Maintaining Professional Staff/Student Boundaries
- Procedure 5253P – Maintaining Professional Staff/Student Boundaries

I understand there are two kinds of boundary invasions – those that are appropriate because they have educational or health reasons and those that are inappropriate.

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 I also have a legal duty to report any/all allegations of sexual misconduct (RCW 28A.400.301)

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* |