



Application Instructions for VISTAS **Volunteers**

Thank you for your interest in volunteering with Snoqualmie Valley School District students. We welcome you and appreciate your willingness to help. To ensure the safety of our students and to be in compliance with Washington State Law, we ask that you follow the directions below.

Please Mail Completed Application packet to:

Snoqualmie Valley School District
VISTAS
P.O. Box 400
Snoqualmie, WA 98065

1. **Volunteer Application** (3 pages)
 - a. Page 1
 - i. Check box for VISTAS volunteer in upper left corner.
 - ii. Complete ALL contact information.
 - b. Page 2
 - i. Provide contact information for two references.
 - ii. Indicate days and times available to volunteer.
 - c. Page 3
 - i. Indicate school preference.
 - ii. Sign and date at the bottom.
2. **Volunteer Disclosure Form**
 - a. Answer ALL questions.
 - b. If you answered “Yes” to any question, a written explanation is required; attach a separate sheet to the back of the application packet.
 - c. Sign and date at bottom.
3. **Washington State Patrol Form (do NOT send to Olympia)**
 - a. Complete section C (social security number not needed)
 - b. Complete section D (finger prints not needed)
4. **Copy of Photo ID needed.**
 - a. Bring a valid photo ID with birth date to orientation. Orientation will be in late September, you will be notified of the time and exact date.



| | |
|----------------------------|---------------|
| FOR OFFICE USE ONLY | |
| Recd: _____ | Orient: _____ |
| School(s) _____ | |
| Ref. Sent: _____ | (Rcvd) _____ |
| Ref. Sent: _____ | (Rcvd) _____ |

VISTAS VOLUNTEER C
PARENT VOLUNTEER C
STUDENT VOLUNTEER C

Volunteer Application 2009-2010

VISTAS is a program of the Snoqualmie Valley School District

Name: _____ M / F Date: _____

Address: _____

City: _____ Zip Code: _____

Cell phone: _____ Home phone: _____

Work phone: _____ Email address: _____

Employer: _____

Current
Occupation: _____

Previous work with
Children/Youth _____

Previous volunteer experience or community activities:

Favorite subjects in school:

Languages Spoken:

Hobbies, Interests, Skills:

Reason for
Volunteering: _____

Local Contact in Emergency: _____ Day phone: _____

References

(non relatives we may contact and their relationship to you)

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Telephone: _____ Telephone: _____

Relationship: _____ Relationship: _____

Email: _____ Email: _____

Availability

(Please fill in specific times you are available to volunteer)

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Morning | | | | | |
| Afternoon | | | | | |

Additional information regarding your availability (optional): _____

School Preference
 2009-2010 school year
 (Please Check Appropriate Box)

| | School | Interest |
|-------------------------|---|--------------------------------------|
| VISTAS VOLUNTEER | <input type="checkbox"/> Opstad (K-5) | <input type="checkbox"/> One-on-one |
| | <input type="checkbox"/> Twin Falls (6-8) | <input type="checkbox"/> Small group |
| | <input type="checkbox"/> Both | <input type="checkbox"/> Classroom |
| | <input type="checkbox"/> Either | <input type="checkbox"/> Other _____ |

Parent Volunteers: List student name(s) with grade level and school(s) attending:

How did you learn about VISTAS?

_____SVSF website _____Newspaper (Please specify)_____

_____Presentation _____Postcard

_____Friend _____Flyer

_____Other (Please specify)_____

All information in this application is accurate to the best of my knowledge. I have signed the attached Disclosure Form.

I understand that all volunteering relationships established through the VISTAS program take place with the student on the school campus during school hours or at other school authorized activities ONLY.

Signature: _____ Date: _____

Please mail to:

Snoqualmie Valley School District
 VISTAS
 P.O. Box 400
 Snoqualmie, WA 98065