



VOLUNTEER COACH APPLICATION

Vashon Island School District No.402

18850 103rd Ave SW
Vashon, WA 98070
(206) 463-2121

Equal Opportunity Employer

Position Applying For _____ FT [] PT [] Substitute []

Name _____
(First) (Middle) (Last)

Address: _____
(City) (State) (Zip Code)

Social Security No. _____ Email Address (optional): _____

Home Phone No.: _____ Cell Phone No.: _____

Have you any personal conditions or responsibilities that would interfere with your performance, or possibly necessitate absences during scheduled work hours? If yes, please explain:

EDUCATION/TRAINING	<u>Name & Location</u>	<u>Major Course/Degree Earned</u>	<u>Year Graduated</u>
High School	_____	_____	_____
College/University	_____	_____	_____
Business/Vocational/Other	_____	_____	_____

EMPLOYMENT HISTORY (Begin with most recent, list backward)

Employer _____ Phone No. _____

Address: _____

Supervisor: _____ Dates Employed: From _____ to _____

Duties/Responsibilities: _____

_____ Rate of Pay: _____

Reason for Leaving: _____

Employer _____ Phone No.: _____

Address: _____

Supervisor: _____ Dates Employed - From _____ to _____

Duties/Responsibilities: _____

_____ Rate of Pay: _____

Reason for Leaving: _____

District Use Only. Application Received:

EMPLOYMENT HISTORY (Continued)

Employer _____ Phone: _____

Address: _____

Supervisor: _____ Dates Employed: From _____ to _____

Duties/Responsibilities: _____

_____ Rate of Pay: _____

Reason for Leaving: _____

Additional related work experience: _____

Have you at any time in the past worked for any school district not listed above? Yes No

If yes, provide name of employer, dates of employment, and position held _____

Attach resume of previous employment experience, training and education to this application.

Are you a retiree of any Washington State Retirement System? Yes Circle: Plan I, Plan II, Plan III No

PERSONAL REFERENCES

Name _____ Address/Telephone _____ Occupation _____

* Employees must complete a disclosure statement and will be fingerprinted; appropriate screening results are required for employment.

* Employees must furnish verification of United States citizenship, or hold Immigration and Naturalization work authorization prior to employment.

CERTIFICATION: I understand that being hired and continuing in employment with the Vashon Island School District depends on the truth and accuracy of information furnished at the time of application and in all employment documents, as well as furnishing all required documents and information as requested. I also understand and agree that my employment with the District is conditional until the District completes the background check and informs me that, based on the results of that background check, my employment will continue or will terminate. Until such time as the background check is completed, my employment shall only be as a casual day-to-day employee and neither that employment nor any acts, written agreements or other representations by the District or its representatives, shall in any way bind or require the District to continue my employment.

As required by Chapter 29, Laws of Washington 2004 and RCW 28A.400.301, I hereby authorize my current and past employers to disclose to the Vashon Island School District copies of all documents in the previous employer's personnel, investigative, or other files relating to sexual misconduct. I further release my current and past employers, and employees acting on behalf of those employers, from any liability for providing such information.

_____ Date of Application

_____ Signature of Applicant

The Vashon Island School District complies with federal rules and regulations and does not discriminate on the basis of race, creed, color, national origin, age, sex, marital status, sexual orientation or qualified individuals with disabilities insofar as such basis are valid occupational qualifications. The Vashon Island School District is an equal opportunity employer. Vashon Island School District is tobacco-free, drug-free and weapons free. Appropriate fingerprint screening results are required for employment. For specific information, contact Vashon Island School District Title IX and ADA/504 Coordinator Dan Kaufman, 18850 103rd Ave SW, Vashon, Washington 98070, (206) 463-2121.



Vashon Island School District

ADDITIONAL SKILLS/EXPERIENCE QUESTIONNAIRE

* Are you currently certified in First Aid/CPR [] Yes [] No
If yes, expiration date _____
If no, are you willing to obtain (required for Coaching and Campus Monitor positions)? _____

COACH/ADVISOR List below your training, experience and length of time in each position which is pertinent to the position for which you are applying. Please attach a separate information sheet if additional space is required.

CAMPUS MONITOR TRAINING and/or EXPERIENCE in the following areas:

* Monitoring behavior and enforcing rules _____
* Other _____

CUSTODIAL/MAINTENANCE TRAINING and/or EXPERIENCE in the following areas:
Years of Training / Years of Experience

* Floors/Carpets: Cleaning/Waxing, etc. _____
* Walls, Ceilings, Windows, Fixtures: Cleaning _____
* Restrooms, Classrooms, Common Areas, Lunchroom, etc. _____
* Plant Operation: Heating Systems, Plumbing, Electrical _____
* General Maintenance, Repairs, Painting, etc. _____
* Grounds Maintenance (mowing, trimming, weeding, seeding, lining fields) _____
* Other _____
* Ability to Lift _____ pounds (50 lb minimum required).

FOOD SERVICES TRAINING and/or EXPERIENCE in the following areas:

* Do you currently hold or have ever held a Food Handlers Permit [] Yes [] No If Yes, date expires _____
* Specific food handling/preparation training or on the job experience/training _____
* Other _____

PARAEDUCATOR TRAINING and/or EXPERIENCE in the following areas:

- * Previous experience working with special needs individuals _____

- * Courses taken related to type of work _____
- * Other _____

SECRETARIAL/CLERICAL TRAINING and/or EXPERIENCE in the following areas:
Years of Training Years of Experience

- * Computer Use:
 - Word processing (Word or other) _____
 - Spreadsheets (Excel or other) _____
 - Databases (Access or other) _____
 - Other _____
 - Other _____
- * Office equipment:
 - Typing/keyboarding (wpm _____) _____
 - 10-key _____
 - Photocopiers/Fax machines _____
 - Other _____
- * Bookkeeping/Accounting _____
- * Other (please list) _____

Please provide a brief statement about why you are interested in the position for which you are applying for:

VASHON ISLAND SCHOOL DISTRICT #402

DISCLOSURE STATEMENT

All questions must be answered. All required documentation requested below must accompany this statement.

1. Have you ever been convicted of any crime against children or other persons? (The term "convicted" includes all instances in which a plea of guilty or nolo contendere or stipulation to facts or deferred or suspended sentence occurred.)

PLEASE CHECK ANY OF THE FOLLOWING FOR WHICH YOU HAVE BEEN CONVICTED.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Aggravated Murder
<input type="checkbox"/> First, Second or Third Degree Assault of a Child
<input type="checkbox"/> First Degree Arson
<input type="checkbox"/> Indecent Liberties
<input type="checkbox"/> Communication with a Minor
<input type="checkbox"/> First or Second Degree Criminal Mistreatment
<input type="checkbox"/> First, Second or Third Degree Child Molestation
<input type="checkbox"/> Child Abandonment
<input type="checkbox"/> Theft | <input type="checkbox"/> First or Second Degree Murder
<input type="checkbox"/> First, Second or Third Degree Rape
<input type="checkbox"/> First Degree Burglary
<input type="checkbox"/> Incest
<input type="checkbox"/> Unlawful Imprisonment
<input type="checkbox"/> Child Abuse or Neglect as Defined in RCW 26.44.020
<input type="checkbox"/> First or Second Degree Sexual Misconduct with a Minor
<input type="checkbox"/> Promoting Pornography
<input type="checkbox"/> First or Second Degree Kidnapping | <input type="checkbox"/> First, Second or Third Degree Rape of a Child
<input type="checkbox"/> First or Second Degree Manslaughter
<input type="checkbox"/> Vehicular Homicide
<input type="checkbox"/> Simple Assault
<input type="checkbox"/> Domestic Violence Assault (DV)
<input type="checkbox"/> First or Second Degree Custodial Interference
<input type="checkbox"/> Criminal Abandonment
<input type="checkbox"/> Selling or Distributing Erotic Material to a Minor | <input type="checkbox"/> First, Second or Third Degree Assault
<input type="checkbox"/> First or Second Degree Robbery
<input type="checkbox"/> Child Buying or Selling
<input type="checkbox"/> First or Second Degree Extortion
<input type="checkbox"/> First Degree Promoting Prostitution
<input type="checkbox"/> Sexual Exploitation of Minors
<input type="checkbox"/> Malicious Harassment
<input type="checkbox"/> Felony Indecent Exposure
<input type="checkbox"/> Patronizing a Juvenile Prostitute
<input type="checkbox"/> Prostitution
<input type="checkbox"/> Violation of Child Abuse Restraining Order |
|---|---|---|--|

1. PLEASE CHECK HERE IF YOU HAVE NOT BEEN CONVICTED OF ANY OF THE ABOVE. I have not been convicted of any of the above.

If you have been convicted of any such crimes, then state on a separate piece of paper the following:
 a) the nature of the offense charged; b) the name and address of the court; c) the date of disposition; and d) the final disposition.

2. Have you ever been found by a court or any disciplinary board in any dependency proceeding under Title 13 RCW, in any domestic relations proceeding under Title 26 RCW, in any protection proceeding under Title 74 RCW, or in any disciplinary board final decision, to have sexually assaulted or exploited any minor or to have physically abused any minor or to have abused or financially exploited any vulnerable adult? If "yes", then attach copies of any court orders or board findings entered in the above proceedings.
 YES NO
3. Have you ever been dismissed or discharged or have you resigned in order to avoid discipline or discharge by any employer? If so, then state on a separate sheet of paper the name, address and telephone number of the employer, the nature of the allegations, and the final disposition. YES NO
4. Are you presently charged with but not convicted of any of the violations or crimes described in paragraphs 1-3 above? YES NO
5. Do you have any nicknames or short first names or any other name or alias by which you are referred or by which you refer to yourself, other than as signed below?
 YES NO If yes, explain: _____
6. Have you previously retired from any other public agency? YES NO If yes, explain: _____

Any falsification or any misrepresentation or omission of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and record become the property of the Vashon Island School District, which reserves the right to accept or reject it. A criminal history on all applicants considered for hire by the Vashon Island School District shall be requested through the Washington State Patrol and/or Federal Bureau of Investigations as a pre-employment prerequisite.

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. Further, I hereby authorize the Vashon Island School District ("District") to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency, or government agency or the Washington State Patrol or any Federal law enforcement agency to give the District any information they may have regarding me. I further authorize the District to disclose any information they may have regarding me if such information is requested by a different potential future employer of me. In consideration of the District's review of this application, I release the District and all providers of information from any liability as a result of furnishing and receiving any of the above information.

I also understand and agree that I may be conditionally employed while the District performs a background record check or while the District awaits the Board of Directors making a final hiring decision as to whether or not I will be employed by the District. I understand that my employment is conditioned on the completion of both of the above acts and until such time as they are completed, my employment shall only be as a casual day-to-day employee and will not in any way bind or require the District to continue my employment.

Signature: _____ Address: _____
 Printed Name: _____ Telephone: _____ Date: _____



WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

(District Submits This Form to Previous School District Employer(s))

To :	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment
	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 and WAC 180-88. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
SOCIAL SECURITY NUMBER	CERTIFICATE NO.
APPROXIMATE DATES OF EMPLOYMENT	
POSITION(S)	

I authorize you to release to the school/district listed above, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. 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

This section to be completed by former school district employer(s) only.

- No sexual misconduct materials were found.
- Yes, sexual misconduct materials are available.
Please contact for more information.
- No record of employment

Was a complaint of sexual misconduct filed with OSPI? Yes No

Former Employer Representative Signature

Title

Date

Employing School Receipt Date _____

Received By _____

Return all completed information to:

SCHOOL DISTRICT Vashon Island School District	
ADDRESS 18850 103rd Ave SW	PHONE (206) 463-2121
STATE Vashon, WA	ZIP 98070
	FAX (206) 463-6262

OPTIONAL

APPLICANT INFORMATION SUPPLEMENT

The Vashon Island School District #402 provides equal opportunities in education and employment and does not discriminate on the basis of race, creed, color, national origin, age, sex, marital status, sexual orientation or qualified individuals with disabilities insofar as such basis are valid occupational qualifications in accordance with Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, The Americans With Disabilities Act of 1990, and any applicable Washington State laws against discrimination (Washington State Law Against Discrimination). For specific information, please contact:

Vashon Island School District Title IX and A.D.A./504 Coordinator
Dan Kaufman
18850 103rd Ave SW
Vashon, Washington 98070
(206) 463-2121

This information is to assist in our Affirmative Action Program. Completion of this form is optional and all information will be treated with complete confidentiality.

Date: _____ Sex: _____

Name: _____

Address: _____

Ethnic Codes:

American Indian

Black

Hispanic

White

Asian/Pacific Islander

Other

Veteran

Vietnam Era Veteran

Disabilities:

Mental (include learning disability)

Sensory

Physical

If any, state nature of disability:

Disabled Veteran

Position/s applied for: _____