

Volunteer Checklist

MUST BE COMPLETED PRIOR TO "FOOT ON THE FIELD"

Volunteer Name: _____
 Today's Date: _____ (Valid for a 2 year period) School: _____
 Activity (s): _____

STEP 1: Volunteer: Complete and return following attachments to school AD office:

- Copy of First Aid Card EXP DATE: _____
- Copy of "HANDS ON" CPR Card EXP DATE: _____
- Washington State Patrol Request for Criminal History (attached)
- NKSD Volunteer request for background information (attached)
- Character and Fitness Supplement Form 4020B (attached)
- Volunteer Information/Release and Hold Harmless (attached)
- "Lystedt Law" HB 1824 Concussion Guidelines (attached)
- Coach & Volunteer Coach Agreement (attached)
- NKSD Coaches Code of Conduct (attached)
- Copy of valid State/Military ID

I acknowledge receipt and understand the following NKSD policies and procedures:

- 3207/3207P Prohibition of Harassment, Intimidating and Bullying and 6590/6590P Harassment
- 5253/5253P Maintaining Professional Staff/Student Boundaries and 5201 Drug-Free Schools, Community and Workplace
- Supervision of Athletes and Emergency Treatment and Incident Report and HIPPA/FERPA privacy
- I have received a copy of my WSP watch report

 Volunteer's Signature Date

STEP 2: AD and Head Coach: Recommendation for Approval:

There is a definite need for an assistant in this sport and I verify this person is appropriately qualified. *Applicant has been informed a background check by NKSD is required prior to participation.*

 Head Coach's Signature Date

STEP 3: AD: Send this completed form with signed original forms provided by the volunteer to Human Resources.

 Building Athletic Coordinator's Signature Date

STEP 4: Deliver completed forms with attachments to the District Athletic Department.

Washington State Patrol and Department of Justice Criminal History request Received

 Signature/ District Athletics Office Date

****Original documents are kept on file in the District Athletic Department ****

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

<p>(A) REQUESTING AGENCY/ADDRESS NORTH KITSAP SCHOOL DISTRICT</p> <p>Agency ELIZABETH CAMPBELL</p> <p>Attn 18360 CALDART AVE NE</p> <p>Address POULSBO, WA 98370</p> <p>City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p><i>Elizabeth Campbell</i> 6-11-2014 Authorized Signature Date</p> <p>Volunteer Coordinator (360) 396-3008 Title Area Code/Phone Number</p>	<p>(B) PURPOSE Check appropriate box</p> <p><input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer - no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(C) APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

(D) WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

Volunteer Background Disclosure

All applicants who are interested in working with children must complete the background disclosure form in its entirety, pursuant to RCW 43.43.830. Answer YES or NO to each of the following listed items. If the answer is YES to any item, explain in the area provided indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crime against persons as defined in RCW 43.43.830 and listed as follows: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree rape; first, second or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future?

Answer: _____ If YES, explain: _____

2. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer: _____ If YES, explain: _____

3. Have you ever been 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?

Answer: _____ If YES, explain: _____

4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

Answer: _____ If YES, explain: _____

I have read the information stated above and I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I authorize North Kitsap School District to make such investigations and inquiries as may be necessary in arriving at a volunteer assignment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. I understand that false or misleading information given in my application may result in termination of volunteer duties. I understand that I am required to abide by all policies, procedures and regulations of the district.

Please print first, middle and last name: _____

Signature: _____ Date: _____

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 detailed statement including what occurred, the nature of the offense, charge or warrant.
- The name and address of the arresting agency.
- If a court was involved, the name and address of the court.
- The date of the arrest.
- 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
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?
- N/A
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?
- N/A
- 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?
- N/A
- 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
E-MAIL ADDRESS (OPTIONAL)	
NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)	
NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)	

*** 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

THE FOLLOWING AFFIDAVIT MUST BE COMPLETED BY WASHINGTON COLLEGE/UNIVERSITY STUDENTS AND THOSE COMPLETING A PESB APPROVED TRAINING PROGRAM.

AFFIDAVIT

I hereby authorize _____ to release, orally or in writing as may be requested, all student 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 181-86, and WAC 181-87, as now or hereafter amended.
(name of institution or organization)

SIGNATURE OF APPLICANT

DATE

“Lystedt Law” HB 1824 Concussion Management Guidelines - Coach Certification

By signing below, I certify that I have been educated in RCW 4.24.660: “The Lystedt law” HB 1824 on concussion management guidelines via the online training video on the WIAA website (www.wiaa.com).

Publications/Concussion Management Guidelines/Coaching Resources: Links and Training Video

I am confident that I can identify the signs and symptoms of a possible concussion or brain injury, and I understand the importance of removing any athlete from practice or competition who exhibits such signs or symptoms.

Furthermore, I understand that an athlete who has been removed for such reason may not return to practice or competition without written clearance from a certified professional (MD, DO, ARNP, PA, and ATC).

Coach Signature

Date

Print Name

Date

*This is required! A copy of this form must be kept in your file in Athletic Office. You will earn one (1) coaching education hour for your participation in this mandatory certification.

Assistant Coach and Volunteer Assistant Coach Checklist

For Assistant Coach and Volunteer Coaches:

- I will follow the Activities Matrix for Camps (located in the Athletic Directors office) if planning a camp.
- I have reviewed a written plan defining the progression of skills to be taught, the hazards for each activity and specific safety skills and equipment required, prior to start of each athletic activity that I coach or assist.

For Assistant Coach only:

- I have read the *WSRMP Athletic Liability Manual* and reviewed *Activity Matrix* located in the manual (located on building website) with my Supervisor/Athletic Director. I understand when I am and I am not working as a district employee while participating in sport club activities
- I have completed my application with the WSCA for membership at washcoach.org.

Print Name

Signature

Date

North Kitsap School District

Coaches Code of Conduct

1. The function of a coach is to properly educate students through participation in interscholastic competition. The interscholastic program is designed to enhance academic achievement and should never interfere with opportunities for academic success. Each child should be treated as though they were the coaches 'own and their welfare shall be uppermost at all times.
2. The coach must be aware that he or she has a tremendous influence, either good or bad, in the education of the student athlete and thus, shall never place the value of winning above the value of instilling the highest desirable ideals of character.
3. The coach must constantly uphold the honor and dignity of the profession. In all personal contact with the student-athlete, officials, Athletic Coordinators, school administrators, the WIAA, the media and the public, the coach shall strive to set an example of the highest ethical and moral conduct.
4. The coach shall take an active role in the prevention of drug, alcohol and tobacco abuse and under no circumstances should authorize their use.
5. The coach shall avoid the use of alcohol and tobacco products when in contact with players
6. The coach shall promote the entire interscholastic program of the school and direct his or her program in harmony with the total school program.
7. The coach shall be thoroughly acquainted with the contest rules and is responsible for their interpretation to team members. The spirit and letter of rules should be regarded as mutual agreements. The coach shall not try to seek an advantage by circumvention of the spirit or letter of the rules.
8. The coach shall actively use his or her influence to enhance sportsmanship by their spectators, working closely with cheerleaders, pep club sponsors, booster clubs, and administrators.
9. Contest officials shall have the respect and support of the coach. The coach shall not indulge in conduct which will incite players or spectators against the officials. Public criticism of officials or players is unethical.
10. Before and after contests, rival coaches should meet and exchange friendly greetings to set the correct tone for the event.
11. A coach shall not exert pressure on faculty members to give student-athletes special consideration.

/

Printed Name

Signature

Sport

Date