

Issaquah School District**Student Volunteer Application****(For use by students in grades K-12 only)**

Today's Date ____/____/____

To Be Completed by Student☐ Male ☐ Female Date of Birth ____/____/____

Full name _____

first

middle

last

Address _____ City _____ State _____ ZIP _____

E-mail _____ Phone # _____

Current School _____

Parent/Guardian Name _____ Phone # _____

School(s) where I wish to volunteer _____

(Please note: If you plan to volunteer only at your own school, you do not need to complete this form).

Volunteer activities (ex: mentoring, reading help, math help, tutoring, VOICE, etc.) _____

All information in this application is accurate to the best of my knowledge. I know that students and schools depend on volunteers to be responsible and act appropriately. I will arrive at the designated day and time and will fulfill my volunteer assignment in a responsible manner. I agree to follow the instructions of teachers or supervisors and know that my volunteer privileges can be taken away if my behavior does not meet district standards. I understand that names of approved volunteers may be released to ISD PTAs, upon request, for the purpose of recruiting volunteers or verifying approval status for school activities.

Manual signatures are required for this form.

Applicant signature _____ Date _____

To Be Completed by Parent/Guardian of Student☐ I give my permission for this student to volunteer in Issaquah School District.

Parent/guardian signature (if applicant is under 18) _____

Date _____

To Be Completed by Principal or Counselor at Current School that the Student Attends☐ I would recommend this student as a volunteer.

Signature of Principal or Counselor _____

Printed Name _____ Date _____

Please return completed form to the school office where you will be volunteering or the VOICE Office.



Student Volunteer Release/Hold Harmless Agreement

Volunteer Name _____

Volunteer Cell Number _____

Name of High School Currently Attending _____

Current School Year _____ (example: 2016-2017)

The undersigned desires to participate as a volunteer for events and/or activities during the time period named above. I ACKNOWLEDGE the Issaquah School District will make reasonable attempts to assure my safety while participating in the volunteer event/activity, but there are certain inherent risks involved that may be unavoidable resulting in bodily injury or property damage to myself.

I further acknowledge the Issaquah School District does not provide any accidental medical insurance coverage for the activity and that I assume all risks of injury or damage to my person or property. I agree to forever hold and save harmless the Issaquah School District, its School Board Directors and Employees, and assigns for any claims, suits or damages (including but not limited to defense and indemnification) which might result from my participating in the above-described event/activity.

I (and Guardian) also understand that Issaquah School District does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.



Pursuant to the WASHINGTON ELECTRONIC AUTHENTICATION ACT, an electronic signature has the same legal effect as a manual or handwritten signature. An electronic signature will not be denied legal effect or enforceability solely because it is electronic, and any requirement for a signature is satisfied by an electronic signature. By submitting an electronic signature, the individual identified and providing the electronic signature herein verifies acknowledgement of the binding legal effect and enforceability of the electronic signature. By clicking the box beside "I agree", you agree that this is valid as your signature. You hereby swear that you are the parent or legal guardian of the above named student and that the information is accurate to the best of your knowledge.

Signed _____ Date _____
(If under 18 years of age, parent's signature is required below)

Signature of Parent/Guardian _____ Date _____
(If applicable)