



# Administrative Form 1537 ADULT VOLUNTEER APPLICATION

Volunteer Services: 5450 Riggins Court, Suite 4, Reno, Nevada 89502 / [volserv@washoeschools.net](mailto:volserv@washoeschools.net) / 775-348-0346 /  
For a copy of the WCSD Volunteers Procedures Manual, please visit <https://www.washoeschools.net/Page/3688>

**WCSD staff:** verify the applicant's identification against the actual government issued photo identification (not a copy). Please mail to School police.

**To be completed by the applicant:**

Date \_\_\_\_\_ School Name \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
(Last Name, First Name, Middle Initial – enter exactly as shown on photo identification)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Mailing Address: \_\_\_\_\_  
(If different from above – street/PO Box, City, State, Zip Code)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last four digits of Social Security Number (if available): \_\_\_\_\_

I am a (check all that apply):  Parent/Guardian of a District student  Other Family Member / Caretaker  
 Community Volunteer  District Employee

If you are a parent/guardian or caretaker, list student and teacher name(s):  
\_\_\_\_\_

If volunteering as part of a community organization/business member, list the name(s) of the organization/business:  
\_\_\_\_\_

If you are NOT a parent/guardian or caretaker, please provide two (2) non-relative references:

Name	Relationship	Phone	Initial: Reference Checked
_____	_____	_____	_____
_____	_____	_____	_____

Name	Relationship	Phone	Initial: Reference Checked
_____	_____	_____	_____

In Case of Emergency, contact:

Name	Relationship to you	Phone
_____	_____	_____

Emergency medical information/conditions (i.e. asthma)  
\_\_\_\_\_

**Note:** Any applicant found to be a registered sex offender, on an active warrants list, on a terrorist list, or on probation or parole WILL NOT BE ALLOWED TO VOLUNTEER at Washoe County School District. When applicable, fingerprinting shall be conducted by the District's School Police Department. The District reserves the right to disallow any individual from serving as a volunteer.

Ethnic Code Information (Check the code that best represents your ethnic identity) – Optional

African-American  Alaskan/Indian  Asian/Pacific  Caucasian  Hispanic  Other

Failure to disclose the following information may result in revocation of the volunteer opportunity. Criminal information **MUST** be disclosed no matter how long it has been since the offense/arrest. Have you **EVER** been **arrested** (even if the charges were dropped), **convicted, pled guilty or pled no contest** to:

- A criminal offense, other than a minor traffic violation? This includes, but is not limited to, a felony, gross misdemeanor, misdemeanor, DUI, etc.: Yes \_\_\_\_\_ No \_\_\_\_\_
- A drug or sexual related offense or act of violence? Yes \_\_\_\_\_ No \_\_\_\_\_
- Been reported for child abuse/sexual activities involving a student or minor or had charges filed against you by a school district, state/county agency, police or court? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any of the above, please explain the type(s) of offense(s), location(s), and date(s) in the space below. Attach a sheet if necessary.

Date	Charge/Offense	Disposition	Penalty	Explanation
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Read and initial each section below, acknowledging your understanding

\_\_\_\_\_ I understand and agree that while a visitor/volunteer on District property or at a District activity, I may have access to confidential student information. I understand and agree that by signing this document, I will maintain complete confidentiality regarding the information I obtain in such capacity. I understand and agree that I will not divulge to anyone any matters discussed, including discussions by District employees or any student behaviors/interactions, written materials or computerized records which I view. I understand and agree that if I receive calls or contacts from anyone requesting information from me regarding any District information, that I will follow established procedures of the District regarding disclosure of information.

\_\_\_\_\_ I understand, in accordance with WCSD policy and Nevada Revised Statutes (NRS 202.3673, 202.265), individuals who possess a valid Concealed Carry Weapon (CCW) Permit are not permitted to carry a concealed firearm on their person or in their vehicle while on school property or at a school-sponsored event.

\_\_\_\_\_ I affirm that I have read, understand, and agree to abide by all the information in this document, Board Policy 1500, Administrative Regulation 1501, and Administrative Regulation 1502, to include my duties under Nevada State Law to report suspected child abuse and/or neglect, and that all the information I have provided in this application is true and complete to the best of my knowledge. I understand that the District reserves the right to verify all information on this application form and that any false statements or failures to disclose information may be sufficient to disqualify me as a volunteer. I hereby authorize the District to obtain information relating to my current and / or previous employment, education, and personal history records.

By signing below, I acknowledge that I understand, agree with, and will comply with the above statements:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**TO BE COMPLETED BY THE SCHOOL OR VOLUNTEER SERVICES DEPARTMENT**

Photo ID Check \_\_\_\_\_ Location/school: \_\_\_\_\_

Staff: Initial and attach a copy of photo ID. Staff are required to check the actual ID in the presence of the applicant.

Volunteer Opportunity (In Class, Coach, Chaperone): \_\_\_\_\_

Field Trip: Date(s) (if known) \_\_\_\_\_ Overnight or Out-of-State Day Trip (Y/N) \_\_\_\_\_

Fingerprinting Required? \_\_\_ Yes \_\_\_ No (Required for unsupervised volunteers, volunteer coaches/advisors, chaperones of overnight or out-of-state student trips, and volunteers applying for authorization to transport students)

**ADMINISTRATOR APPROVAL**

I have reviewed the disclosed information above and ACCEPT \_\_\_ DO NOT ACCEPT \_\_\_ this applicant as a volunteer on our campus.

Administrator Signature: \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL POLICE**

School Police check: Valid DL \_\_\_\_\_ SO Check \_\_\_\_\_ Fingerprinting check \_\_\_\_\_

Notes: \_\_\_\_\_

## PROCEDURE

1. The Washoe County School District ("District" or "WCSD") reserves the right to refuse any volunteer applicant. Approval of an application does not guarantee the volunteer opportunity.
2. For additional information related to the volunteer application process, to include fingerprinting and background checks, refer to Board Policy 1500, Volunteers, Administrative Regulation 1501, Volunteer Screening and Background Checks, and Administrative Regulation 1502, Volunteer Protocols, or contact the District's Volunteer Services Department at 775-348-0346 or email [volserv@washoeschools.net](mailto:volserv@washoeschools.net).
3. Prospective Volunteers. All volunteers must complete a volunteer application annually.
  - a. All volunteers shall complete a volunteer application annually and must receive the approval of the school site administrator or Volunteer Services, as applicable, prior to beginning the volunteer opportunity.
    - i. School Volunteers. Prospective volunteers shall personally submit the application to the school and have the government issued photo identification available. School staff shall take a copy of the ID and attach it to the application.
    - ii. Community Volunteers. Prospective community volunteers shall personally submit the application to the WCSD Volunteer Services Department and have the government issued photo identification available. Staff shall take a copy of the ID and attach it to the application Staff only mail to School Police. Volunteer Services is located at 5450 Riggins Court, Suite 4 Reno Nv 89502.
  - b. Depending on the volunteer opportunity, fingerprinting may be required. If so, the application, signed by the applicant and the school administrator, must be taken to the WCSD School Police Department. Volunteer categories that are subject to fingerprinting include but may not be limited to:
    - i. Individuals who may work alone and/or unsupervised with a student(s);
    - ii. A volunteer coach or advisor of an in-school or extracurricular activity;
    - iii. Overnight chaperones and chaperones of out-of-state field, activity, or athletic trips;
    - iv. A volunteer approved to transport students; and
    - v. District hired or contracted third party contractors/vendors who provide direct services to students in a school or department.
  - c. Volunteer coaches/advisors
    - i. Middle and high school volunteer coaches must submit an online coaching application. Check with the school for further information.
    - ii. Elementary school volunteer coaches/advisors shall submit the volunteer application to the school. Check with the school for further information.
4. School Staff
  - a. All volunteers must complete a volunteer application annually. The application must be submitted by the applicant in person and have the government issued photo identification available.

- b. Check the information provided on the application against the information on the identification. Take a copy of the ID and attach it to the application.
- c. If fingerprinting is required, refer the applicant to Volunteer Services at <https://www.washoeschools.net/Page/11574>. Fingerprint appointments can be scheduled by contacting the Volunteer Services office at 775-348-0346/775-348-0359.
- d. All volunteer coaches **must** submit an online coaching application and be fingerprinted. Check with the Human Resources or the Department of Student Activities/Athletics for more information.

5. Background checks and Fingerprinting

- a. All volunteers will undergo a background check, conducted by the WCSD School Police Department, which may include a check against the active warrants list, available sex offender databases, and the FBI terrorist list. There is no charge for background checks.
- b. Fingerprinting shall be conducted by the WCSD School Police Department or at a fingerprinting location approved by the WCSD School Police Department. The cost of fingerprinting shall be paid by the volunteer applicant. Check with the Volunteer Services Department for the cost of fingerprinting.
- c. An application for an event/opportunity that requires fingerprinting must be submitted a minimum of eight (8) weeks in advance.
- d. An application for an event/opportunity that requires a background check only must be submitted a minimum of three (3) weeks in advance.
- e. Results of background checks will be made available to the school or Volunteer Services, as applicable.
- f. To make an appointment for fingerprinting or for additional information, visit the WCSD Volunteer Services Department website at <https://www.washoeschools.net/Domain/91>
- g. Unless otherwise noted, fingerprinting is valid for five years from the date approved by the WCSD School Police Fingerprint Department.