



## 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 WCSO Volunteers Procedures Manual, please visit <https://www.washoeschools.net/Page/3688>

**WCSO 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
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Name	Relationship	Phone	Initial: Reference Checked
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In Case of Emergency, contact:

Name	Relationship to you	Phone
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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: \_\_\_\_\_