



Administrative Procedure 1537  
ADULT VOLUNTEER APPLICATION

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**Responsible:** Office of Communications & Community Engagement, Volunteer Services Department

**PROCEDURE**

1. Contact the District's Volunteer Services Department at 775-348-0346, or email volserv@washoeschools.net with questions or for assistance.
2. Prospective volunteers shall complete this volunteer application form prior to volunteering in Washoe County School District ("District"). Return the completed application, with a copy of your government issued photo ID, to one of the following locations:
  - School Office
  - Washoe County School District  
Volunteer Services Department  
494 East Poplar Street  
Reno, Nevada 89512
  - By mail: Washoe County School District  
PO Box 30425  
Reno, NV 89520-3425
3. A "volunteer" is anyone who, without District compensation, performs a task at the direction of and on behalf of the District. A "volunteer" must be officially registered with the District prior to performance of the task. Volunteers are not considered employees of the Washoe County School District ("District").
  - a. The District reserves the right deny any individual from serving as a volunteer.
  - b. The District, in its discretion and without a statement of reason, may require a complete criminal history check on any volunteer at any time.
4. All volunteer applications shall be reviewed by the school administrator and/or the Volunteer Services Department. Such review shall include a check with the Nevada Sex Offender Registry (<http://www.nvsexoffenders.gov/>) and the National Sex Offender Public Website (<https://www.nsopw.gov>). Staff shall verify that the name on the application matches the name that appears on the government issued photo identification.
  - a. For volunteer opportunities where the volunteer will serve as an Overnight Chaperone, chaperones going out of state (to include day trips), volunteers who may work alone and/or unsupervised with a student(s), or by request from the principal, fingerprinting is required. The District will cover the cost of fingerprinting. All fingerprinting must be authorized.

- b. Fingerprinting shall be conducted by the District's Office of Human Resources.
  - i. An application for an event/opportunity that requires fingerprinting must be submitted a minimum of eight (8) weeks in advance.
  - ii. An application for an event/opportunity that does not require fingerprinting must be submitted a minimum of three (3) weeks in advance.
5. Staff Vetting Procedures
  - a. All volunteer applications received at the school site shall be reviewed for approval by the school administrator.
    - i. Volunteer applications that require fingerprinting shall be signed by the site administrator and taken by the applicant to the Office of Human Resources for fingerprinting.
    - ii. Volunteer applications that do not require fingerprinting shall be reviewed and signed by the site administrator and retained by the school. A copy shall be forwarded to the Volunteer Services Department.
  - b. Staff shall verify that the name on the application matches the name that appears on the government issued photo identification. Such name shall be checked against the Nevada Sex Offender Registry at <http://www.nvsexoffenders.gov/> and the National Sex Offender Public Website at <https://www.nsopw.gov>. A finding in the sex offender registry shall result in the immediate denial of the application. An individual wishing to appeal such denial shall be referred to the Department of Labor Relations.
6. Additional information can be found in Administrative Manual 1535, Volunteers Procedures Manual. Such information includes, but is not limited to:
  - a. Confidentiality and Student Information
  - b. Liability Coverage
  - c. Child Neglect, Child Abuse, and Bullying Reporting
  - d. Student / Volunteer Relationships
  - e. Prohibited Activities, to include possession of a weapon, smoking, and possession or use of alcohol or controlled substances.



Administrative Form 1537  
ADULT VOLUNTEER APPLICATION

Volunteer Services: 425 East 9<sup>th</sup> Street, Reno, Nevada 89512 / [volserv@washoeschools.net](mailto:volserv@washoeschools.net) / 775-348-0346

Date \_\_\_\_\_ Photo ID Check (initial and attach a copy of photo ID) \_\_\_\_\_

Fingerprinting/School Authorization (When required): \_\_\_\_\_

Location/school: \_\_\_\_\_ Program/Purpose: \_\_\_\_\_

Field Trip(s): Date \_\_\_\_\_ \_\_\_ Overnight Trip (Must be fingerprinted by Human Resources)

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: \_\_\_\_\_

I am a (please check all that apply):

- Parent/Guardian of a student attending a District school       Other Family Member / Caretaker
- Community Volunteer       District Employee       Former District Employee

If you are a parent/guardian or caretaker, list student/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
_____	_____	_____	_____
_____	_____	_____	_____

In Case of Emergency, contact:

Name	Relationship to you	Phone
_____	_____	_____

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

\_\_\_\_\_

