



Centaurus High School Band

Form J

BVSD Volunteer Application



Boulder Valley School District  
File: IJOC-E  
Adopted: June 4, 2013  
Revised: May 4, 2015

✶✶

- TLogIQ Background Screening
- CBI Fingerprint Screening
- CDE Teaching License or Other

✶✶

2018-2019

**VOLUNTEER APPLICATION**

**1. PERSONAL INFORMATION**

Full Name: Last, First, MI

Current Physical Address, City, State, Zipcode

Current Telephone Number

Email Address (Print Clearly)

Date of Birth

Gender: \_\_\_\_\_

Notify in case of emergency

Name

Telephone Number

Name(s) of child(ren) attending school in Boulder Valley School District:

**2. Placement Request**

Classroom. Teacher: \_\_\_\_\_

Volunteer Coach (MS or HS Athletics). Sport: \_\_\_\_\_

Before/After School Program. Name of Program: \_\_\_\_\_

Field Trip. Date and Destination: \_\_\_\_\_

Overnight Chaperone/Driver. Date and Destination: \_\_\_\_\_

Clerical/Front Office/Library. Describe: \_\_\_\_\_

Other. Describe: Band

Centaurus  
School Requested

Aaron Vogelstberg  
Contact Person at School

Aaron.Vogelstberg@bvsd.org  
School Contact Email/Telephone No.

**3. ACKNOWLEDGMENTS:**

- a. I understand that if I am approved as a volunteer, I will be required to adhere to all applicable laws, District policies and regulations, and school rules; and that my volunteer activities will be directed by the principal or designee.



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- b. I understand that the District reserves the right and discretion to deny my application and may suspend, restrict, and/or terminate my status and service as a volunteer at any time for any reason.
- c. I understand that failing to maintain the confidentiality of all student education records and information may disqualify me from further service as a volunteer. I will not disclose, use, or disseminate student photographs or personal information about students.
- d. As a condition of being permitted to volunteer for the District, I assume the risks of personal injury or property damage that may result from my volunteer activities. I hereby agree to waive any and all claims arising out of any such injury or damage. I understand that I am not covered by the District's worker's compensation insurance.
- e. I will share with teachers and/or school administrator any concerns that I may have related to student welfare and/or safety.
- f. I agree not to exchange telephone numbers, home addresses, email addresses, or any other personal information with students unless it is required as part of my role as a volunteer. I will not contact students outside of my volunteer activities without permission from the students' parents.
- g. I agree not to transport students without the express permission of the school and in compliance with District Policy EEAE.
- h. I will ensure that my communications with school staff are courteous and professional; and that I am dependable in my service.
- i. I will not receive any compensation from any source for my volunteer activities. I will not accept gifts for my volunteer service with a face value in excess of \$25, including group gifts and gift cards.
- j. Volunteer Coaches Only:
  - i. I understand that at all times my volunteer service will be under the direct supervision of the Head Coach, and that the principal or designee will determine the responsibilities of my volunteer position.
  - ii. I will be familiar with and abide by all District and CHSAA rules governing athletics and activities.

I affirm that I have read and understand all the information above, that all information I have provided is true and accurate, and that I agree to abide by all sections and conditions above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Applicants to be Level 2 and Level 3 Volunteers<sup>1</sup> also complete AUTHORIZATION section on next page.**

<sup>1</sup> See BVSD Regulation IJOC-R



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*Form J*

**BVSD Volunteer Application**

**Level 2 and 3 Authorization:** I understand that at any time prior to and during my volunteer service Boulder Valley School District may complete a background check to include criminal and/or motor vehicle background checks, and that I may be responsible for the cost of the criminal and motor vehicle background checks. I authorize persons and entities contacted by the District in connection with this application to provide information about me. I expressly waive any claims that I may have against the District, its agents and officials or against any third party in connection with information requested and provided for the background check.

Refusal to provide authorization for criminal and motor vehicle background checks or providing false or misleading information will result in denial of application or termination of service as a volunteer. I also agree to notify the principal if I am arrested for or charged with a misdemeanor or felony at any time after completion of my Volunteer Application.

By signing below I affirm that I agree to the Authorization above pertaining to Level 2 and Level 3 Volunteers.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**For Office Use Only – Volunteer Level Approved:**

- Level 1 (No contact, incidental contact, or directly supervised contact with students)  
AND Not on Sex Offender Registry ([sor.state.co.us](http://sor.state.co.us)) \_\_\_\_\_ / \_\_\_\_\_ (Initials/date).
- Level 2 (Indirectly supervised contact with students)(Background Check Required)
- Level 3 (Driving Students)(Background Check & Compliance with Policy EEAE Required)

\_\_\_\_\_

Administrator Signature

\_\_\_\_\_

Date

## Volunteer Clearance Checklist

Volunteers must complete the BVSD Volunteer Forms **each** school year. May is the best month to do this for the following school year.

Level 3 Volunteer: You need this level to *DRIVE* students. This level requires a background check and volunteer driver form with accompanying required documents. This is the most comprehensive level.

Level 2 Volunteer: You need this level to work with kids *UNSUPERVISED* by a BVSD employee. This level requires a background check.

Level 1 Volunteer: You need this level to work with kids under the *CONSTANT DIRECT SUPERVISION* of a BVSD employee. No background check required.

	Level 1	Level 2	Level 3
Volunteer Application (band form H)	yes	yes	yes
Proof of Background Check Submit one: <ul style="list-style-type: none"> <li>• email from TLogiq <i>confirming</i> clearance</li> <li>• CDE number and school</li> <li>• Email from BVSD <i>confirming</i> fingerprint clearance</li> </ul>	no	yes	yes
Form: Student Transportation in Private Vehicles (band form J)	no	no	yes
Copy of Driver's License	no	no	yes
Copy of Insurance Card	no	no	yes
Copy of Insurance Declaration Page (shows how much coverage you have)	no	no	yes



Superintendent's Office  
6500 Arapahoe, P.O. Box 9011  
Boulder, CO 80301  
Tel: 720.561.5047 Fax: 720.561.5134

Date: \_\_\_\_\_

**VOLUNTEER BACKGROUND SCREENING  
CBI/FINGERPRINT INFORMATION SHEET**

Upon Fingerprint background screening clearance through state (CBI) and national (FBI), you are eligible to volunteer in Boulder Valley School District provided that you continue to meet District criteria. Fingerprint background clearance precludes you from needing further screening.

Note that our office does not control processing times but, based on previous years, it typically takes between 2 to 3 weeks (and sometimes longer) for the fingerprint background check to clear.

**PLEASE PRINT CLEARLY**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address

School(s)/Department(s): \_\_\_\_\_  
\_\_\_\_\_

Volunteering for:  
(teacher/activity) \_\_\_\_\_  
\_\_\_\_\_

You will receive email notification when clearance is complete.

Questions should be directed to the Superintendent's Office, 720.561.5047.

***PLEASE NOTE: Once you no longer wish to volunteer in our District, please contact this office to have your name removed from the database, and from the CBI system.***