



SANDPOINT  
**WALDORF**  
SCHOOL

Dear Volunteer,

Please be advised **volunteers working with children** must complete steps 1 - 3 below. Anyone who would like to **provide transportation** must complete steps 1-4 below.

It is a good idea to complete this process ahead of time, since it takes approximately **three weeks** for results to return. Parents may only volunteer once SWS receives the background clearance.

1. **Volunteer Policy**
  - a. Please read, sign and return to the office.
2. **Complete the Fingerprint Packet.**
  - a. **Directions for Completing Fingerprint Cards** (Information only)
  - b. **Noncriminal Justice Applicant Privacy Statement** (Keep for your records)
  - c. **Fingerprint Card** - Have your fingerprints processed.
    - i. In the Sandpoint Area visit: Bonner County Sheriff's Office 4001 N. Boyer Road, Sandpoint
      1. BCSO fingerprint service schedule:
        - a. Tuesday & Thursday 9am-11:30am and 7pm-9pm
        - b. Saturday: 1pm-3pm
      - ii. Take the following items with you to process your fingerprints
        1. Fingerprint card
        2. Driver's License
        3. Exact cash in the amount of \$15.00
        4. **Instructions for Handling Fingerprint Cards**
          - a. Must be signed by the person taking your fingerprints
3. **Mail items i. – v. to State Department of Education Attn: Teacher Certification/Background Records Office P.O. Box 83720 Boise, ID 83720-0027 – When mailing, do not bend or fold the fingerprint cards.**
  - i. Completed **Fingerprint Card**
  - ii. Completed, and signed **Instructions for Handling Fingerprint Cards**
  - iii. Completed, and signed **Background Investigation Check (BIC) Form**
  - iv. Completed and signed **ISP BCI Criminal History Records Checks**
  - v. Check or money order for **\$26.25** made payable to **State Department of Education**
4. **Driver Authorization Form**
  - a. Please complete and return to the office.

This screening is needed for each school you are associated with, so if you have already completed similar paperwork at a different school, this new paperwork for SWS is also required. Background clearances are good for five (5) years.

As always, please contact the office with any question. Thank you volunteering.

Sincerely, Robin Johnson

Office Coordinator  
Sandpoint Waldorf School

p.p. Kirsten Hollan, Director of Operations and Development



SANDPOINT  
**WALDORF**  
SCHOOL

## Volunteer Policy

Sandpoint Waldorf School values parent volunteers. We thank parents for giving their time and support. Because assuring student safety during all school activities both on and off campus is a priority, we want to make you aware of the rules and regulations regarding volunteering in classrooms, providing transportation during day trips, and volunteering for overnight trips.

**All Volunteers** working with SWS students during school-sponsored events, in-class volunteer work, field trip drivers, and volunteers for overnight field trips are required to undergo an Idaho State Department of Education Fingerprint Background Investigation Check. **Three weeks advance notice is required.** Parents may only volunteer once SWS receives the background results. Background checks are good for five (5) years.

In addition *to the* Idaho State Department of Education Fingerprint Background Investigation Check, **Driver Volunteers must also:**

- complete and sign the Driver Authorization Form,
- provide a photocopy of their valid driver's license,
- provide a copy of their current proof of insurance, and
- provide proof of current registration for the vehicle being used on the trip.

Volunteer packets are located in the Front Office

### Volunteer Expectations

Volunteers are expected to comply with all school rules and policies, both on and off campus. Volunteers follow the directions given by the supervising SWS staff member, work cooperatively with other staff and volunteers, and model appropriate behaviors for students.

1. Students must be supervised at all times while at school sponsored events. As a volunteer, you will supervise a small group of students, helping them learn and making sure they behave appropriately. Students must stay with you, at all times. Go over use of the buddy system with students under your care. Account for all participants regularly and before changing activities. Be sure you know when and where to meet the rest of your group at the end of the visit. Volunteers must be readily available, be mindful of safety concerns, and respond to student needs.
2. School rules related to student behavior apply. Go over rules and standards of behavior, safety rules, and any site-specific rules with students. Ensure that students do not get involved in extra activities that are not pre-approved.
3. Students may not eat, drink or chew gum outside of designated areas and predetermined times.



4. For the protection of both the student and the volunteer, volunteers should not place themselves in situations in which they are alone with a student.
5. Family members, animals or friends of a volunteer may not participate in a school-sponsored field trip or event, unless otherwise approved by the SWS Pedagogical Director.
6. Follow all emergency procedures (medical emergency, natural emergency, lost child, serious breach of rules, etc.) Know who is first aid trained, where the first aid kit is, and who has the copies of parental permission slips with emergency phone numbers and medical information.
7. Student cell phones, iPods, gaming equipment and similar electronics are not allowed on field trips. Volunteers may collect and hold such items to return to the student at the end of the trip.
8. Every driver must have a completed Driver Authorization Form on file and meet all of the requirements of the Driver Authorization Form.
9. Students (the whole class) must be returned to the school at the end of the trip, and are to be delivered to a SWS Faculty or Staff Member. Students cannot be left unattended nor dropped off at alternate locations.

**Additional rules for Overnight Field Trip Volunteers:**

- may not use cell phones or text while driving.
- may not play music, audio books, talk radio, or podcasts without the permission of the teacher.
- may not show movies or DVDs.
- may not make unnecessary stops.
- may not use, sell, provide, possess, or be under the influence of drugs/alcohol.
- may not use tobacco in the presence of, or within the sight of, students.
- may not possess any type of firearm.
- may not administer any medications, prescription or over-the-counter, to students - this should only be administered by the teacher.
- may not conduct personal or business correspondence while volunteering
- may not allow students to use cell phones without the permission of the teacher.
- must follow rules of what items and activities are allowed in the vehicle and on the trip.
- all passengers and drivers will wear seatbelts at all times. Children who are under eight years old or shorter than four foot nine inches tall must be in an approved car or booster seat.
- all cars will arrive at the school ready to depart with a full tank of gas, the tires and fluids checked.

I have read and agree to the SWS Volunteer Policy.

---

*Volunteer's Printed Name*

---

*Volunteer's Signature*

---

*Date*



# DIRECTIONS FOR COMPLETING FINGERPRINT CARDS

## Private Schools NCPA – VCA Public Law 105-251

Note: Picture identification is necessary when you go to be fingerprinted. This form is for reference only. Do not complete.

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		LEAVE BLANK	
FULL LEGAL NAME (LAST, FIRST, MIDDLE, SUFFIX)		1		LAST NAME (LAST)		FIRST NAME (FIRST)	
SIGNATURE OF PERSON FINGERPRINTED		2		ALIASES (AKA)		3	
RESIDENCE OF PERSON FINGERPRINTED		6		ORIGIN (ORI)		4	
DATE		15		CITIZENSHIP (CTZ)		7	
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		15		ID NUMBER (ORI)		4	
EMPLOYER AND ADDRESS		17		UNIVERSITY CONTROL NO. (UCN)		18	
BRANCH FINGERPRINTED (NCPA - VCA Public Law 105-251)		21		ARMED FORCE NO. (MNU)		19	
For Employment <input type="checkbox"/> Dist # _____				SOCIAL SECURITY NO. (SOC)		20	
For Certification <input type="checkbox"/> Volunteer <input type="checkbox"/>				MISCELLANEOUS NO. (MNU)		22	
For Certified Position? Yes <input type="checkbox"/> No <input type="checkbox"/>							
				SEX		8	
				RACE		9	
				HGT		10	
				WGT		11	
				EYES		12	
				HAIR		13	
				PLACE OF BIRTH		14	
				DATE OF BIRTH (MM/DD/YYYY)		5	
				CLASS			
				NET			

DIRECTIONS: Take the fingerprint card and Fingerprint Card Verification Form to a sworn law enforcement officer or other trained personnel (police or sheriff's department, school district office, etc.) for a full set of your fingerprints to be rolled. Only digital prints from an Idaho school district or university, with a scanner tied to the SDE, will be accepted. We will also accept digital prints that have been printed on SDE fingerprint cards and submitted to SDE for processing.

**IMPORTANT:** Submit fingerprint card with the completed *Fingerprint Card Verification Form*, *Background Investigation Check (BIC) Form*, and *Criminal History Record Checks Waiver Agreement*. Fingerprint cards received without the *Fingerprint Card Verification Form* will be rejected and a new packet will be required. Fingerprint cards with item #2 or #15 incorrectly completed or incomplete will be rejected and a new fingerprint packet will be required.

For the following, please type or print in black ink.

1. Full legal Name: List Last name, first name, middle name, and suffix if applicable.
2. Signature: Sign your legal name. Fingerprint cards submitted without your signature will be rejected and a new fingerprint packet will be required.
3. Aliases (AKA): Please provide any aliases, including maiden names or other previous names.
4. ORI: **DO NOT ALTER.**
5. Date of Birth: Use numbers only.
6. Residence: List your mailing address including city, state, and ZIP code.
7. Citizenship: List United States (US) or other country abbreviation.



8. Sex: Use only one character (M or F).
9. Race: W for White or Hispanic, B for Black, A for Asian, I for American Indian.
10. Height: Enter as **feet and inches**.
11. Weight: Enter in **pounds**.
12. Eyes: Use three letters. BLU for Blue; BRO for Brown; HAZ for Hazel; GRN for Green; GRY for Gray; BLK for Black.
13. Hair: Use three letters. BLK for Black, BLN for Blond, BRO for Brown, GRY for Gray, RED for Red, WHT for White, XXX for Bald.
14. Place of birth: List State if within U.S., otherwise country.
15. Date and signature of official taking fingerprints: The authorized fingerprinter taking your prints must sign here. Fingerprint packets with a discrepancy between the date and signature on the *Fingerprint Card Verification Form* will be rejected and a new fingerprint packet will be required.
16. OCA: Leave blank.
17. List District or Charter name and address; If for certification only, leave blank.
18. FBI: Leave blank.
19. Armed Forces Number: Leave blank.
20. Social Security Number: Enter full social security number.
21. Reason Fingerprinted:
  - a. If applying for an Idaho Educator Certificate/Credential, mark box "For Certification."
  - b. If applying to work in an Idaho School District or Charter, mark box "For Employment" and indicate which district or charter by entering the Local Education Agency (LEA) number.
  - c. If applying to work in an Idaho School District or Charter **and** applying for an Idaho Educator Certificate/Credential, mark boxes "For Employment" and "For Certification" and indicate which district or charter by entering the LEA number.
22. If volunteering at an Idaho School District or Charter, mark box "Volunteer" and indicate which district or charter by entering the Local Education Agency (LEA) number MNU: Leave Blank.

If you are applying for certification, do not submit the fingerprint packet before your certification application. Please either send the fingerprint card, forms, and fee together with your certification application packet or send after you have submitted your certification application.

When mailing, do not fold the fingerprint card. Return the card with the completed forms and a check or money order (do not send cash) for \$28.25 for certification or employment. The fee for a volunteer background investigation check is \$26.25. Make your check or money order Payable to the State Department of Education for the exact amount and mail to:

State Department of Education  
Attn: Teacher Certification/Background Records Office  
P.O. Box 83720  
Boise, ID 83720-0027



## NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

---

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

This serves as notification from Idaho Department of Education that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The collection of applicant fingerprints in Idaho is authorized by Idaho Code §67-3008.

- **If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.**
- **Procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.**
- **If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.**
- **Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order or a state statute that has been approved by the attorney general.**

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34)

If a change, correction or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website: <https://isp.idaho.gov/BCI/>



# INSTRUCTIONS FOR HANDLING FINGERPRINT CARDS

*This form must be signed and dated by the authorized fingerprinter at the time of service. Failure to have this form signed will result in the applicant needing to complete another fingerprint card at a cost to the applicant.*

## Section I – To be completed by the applicant

Applicant's Full Legal Name (Please Print)	Date of Birth

## Section II – To be completed by the authorized fingerprinter

<b>Assurances</b> - The person presenting you with this fingerprint card will be using it for a background check as per Idaho Code §33-130 and §33-512. In order to assure proper handling and completion of the fingerprint card, the authorized finger printer must verify the following information.	
1. _____ Initials	Verified the applicant filled out the personal information on the fingerprint card: <ul style="list-style-type: none"> <li><input type="checkbox"/> Name, including aliases</li> <li><input type="checkbox"/> Complete mailing address</li> <li><input type="checkbox"/> Social security number</li> <li><input type="checkbox"/> Citizenship</li> <li><input type="checkbox"/> Date of birth</li> <li><input type="checkbox"/> Personal information (sex, race, height, weight, eye &amp; hair color, place of birth)</li> </ul>
2. _____ Initials	Verified the ORI information: <b>ID920170Z, Dept of Edu, Boise, ID</b> This information must be clearly identified in the ORI field.
3. _____ Initials	Verified a positive identification of this applicant using at least one form of photo identification, such as a photo driver's license, Division of Motor Vehicles photo identification card, military identification card, etc.
4. _____ Initials	<b>Signed and dated the fingerprint card on the appropriate line</b>

\_\_\_\_\_  
**AUTHORIZED FINGERPRINTER'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**Name (Please print or type)**

\_\_\_\_\_  
**Police Agency/School District/Institution**



# BACKGROUND INVESTIGATION CHECK (BIC) FORM

*This form must be submitted for all BICs completed through the Idaho State Department of Education (SDE).*

<b>Section I – Applicant’s Full Legal Name (Required/Please Print)</b>	<b>Date of Birth (Required)</b>	<b>EDUID (Optional)</b>
<b>Applicant’s Street Address (Required)</b>	<b>Applicant City, State, and Zip</b>	<b>Phone Number (Required)</b>

**Section II—Recent BIC/Fingerprinting**  
*Indicate below if you have had a prior BIC completed through the SDE within the last six months.*

<input type="checkbox"/> <b>YES</b> , I <u>have</u> completed a prior BIC through the SDE within the last six (6) months. Approximate Date of BIC (MM/YY): _____ BIC Completed For: <input type="checkbox"/> Certification <input type="checkbox"/> Employment <i>Complete the rest of this form, no other forms or fees are needed.</i>	<input type="checkbox"/> <b>NO</b> , I <u>have not</u> completed a prior BIC through the SDE within the last six (6) months.  <b>Submit a completed fingerprint packet:</b> <input type="checkbox"/> Fingerprint Card & Fee <input type="checkbox"/> Instructions for Handling Fingerprint Cards Form <input type="checkbox"/> BIC Form ( <i>this form</i> )
---	---

**Section III—Reason for BIC/Fingerprinting**  
*Select all that are applicable.*

Idaho Educator Certification - If not employed yet, Section IV is not required.  
 Student Teaching at an Idaho University/College (**Section IV must be signed by Idaho College/University**):  
      Boise State University    Brigham Young University-Idaho    College of Idaho    Idaho State University  
      Lewis-Clark State College    Northwest Nazarene University    University of Idaho

**For each of the reasons selected below, a corresponding District/Charter/Contractor signature must be present in Section IV.**

Employment with a District or Charter  
 Substitute Teacher (*Only the District or Charter placing the individual on the substitute teacher list must sign below*)  
 School Bus Driver Contractor  
 Other Contractor (Please specify: \_\_\_\_\_ )  
 Driver’s Education Instructor  
 Volunteer with a District or Charter  
*If you will be volunteering with a District or Charter, please complete Section IV below. Please note that should you become employed by a District/Charter/Contractor, a new BIC will be required for the reason of employment.*

**Section IV—Employment Verification**  
*List all Districts/Charters/Contractors you will be employed by or volunteering for at the time of form completion. Each District/Charter/Contractor must sign and date in the appropriate spaces below. Failure to have all Districts/Charters/Contractors listed below may result in the required completion of additional BICs.*  
 Note: For substitute teachers, only the District or Charter placing the individual on the substitute teacher list must sign below.

District/Charter/ Contractor		Printed Name Designee	Signature of Designee	Date
Name	Number			
Sandpoint Waldorf School	586	Kirsten Hollan		

**Applicant Signature:** \_\_\_\_\_

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





**Idaho State Police  
Bureau of Criminal Identification**

**Criminal History Record Checks  
Under the National Child Protection Act of 1993, as amended**

**WAIVER AGREEMENT AND STATEMENT FOR QUALIFIED ENTITIES TO REQUEST STATE AND FBI  
CRIMINAL HISTORY CHECKS**

**REGARDING:**

Applicant's name: \_\_\_\_\_

Applicant's current address: \_\_\_\_\_

Applicant's date of birth: \_\_\_\_\_ Applicant's social security number: \_\_\_\_\_

I hereby authorize the Idaho State Department of Education to submit a set of my fingerprints to the Idaho State Police, Bureau of Criminal Identification, for the purpose of accessing and reviewing Idaho and national criminal history records that may pertain to me.

Check appropriate box: I have  OR have not  been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that, until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the Qualified Entity will provide me a copy of the criminal history background report, if any, they receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report;

I may obtain a prompt determination as to the validity of my challenge before the Qualified Entity makes a final decision about my status as an employee, volunteer, contractor, or subcontractor.

Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency guidelines.

\_\_\_\_\_  
Signature of Prospective Employee, Volunteer, Contractor, Subcontractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Date



SANDPOINT  
**WALDORF**  
SCHOOL

## Driver Authorization Form

Name of Driver: \_\_\_\_\_

Thank you for volunteering your time and/or vehicle to drive and supervise Sandpoint Waldorf Students. Because assuring student safety during all school activities is important to us, we want you to be aware of our requirements and rules. Please read each section below, check each entry to indicate that you have read it and are in agreement/compliance with it, and sign at the bottom.

- \_\_\_\_\_ 1. I have **completed and submitted** the Idaho State Department of Education Background Investigation Check (BIC) Form.
- \_\_\_\_\_ 2. I have **completed and submitted** the Idaho State Police – Bureau of Criminal Identification – Criminal History Check Waiver Agreement and Statement
- \_\_\_\_\_ 3. I have **completed and submitted** the Idaho State Department of Education Fingerprint Packet.
- \_\_\_\_\_ 4. I have checked my vehicle insurance coverage and it meets the SWS requirements of \$100,00/\$300,000 Bodily Injury Liability per person/Each Occurrence.
- \_\_\_\_\_ 5. I have **provided a photocopy** of my current vehicle proof of insurance. I understand if I pay on a 6-month renewal and submit copies to drive in the fall, I will have to submit new copies to drive again in the spring, depending on my renewal schedule.
- \_\_\_\_\_ 6. I have **provided a photocopy** of my current, non-expired driver's license to SWS
- \_\_\_\_\_ 7. Persons who have pending charges or who have been convicted within the last ten years of reckless driving, driving under the influence, or driving while impaired may not serve as a volunteer field trip driver.
- \_\_\_\_\_ 8. I have no physical limitations that would adversely affect my ability to drive safely, including but not limited to blackouts, seizures, or release from an alcohol or detoxification facility within the last six (6) months.
- \_\_\_\_\_ 9. I will be using the vehicle listed on my insurance document.



- \_\_\_\_\_ 10. I understand my own automobile insurance will always be considered as primary coverage.
- \_\_\_\_\_ 11. Vehicles used to transport students must be safe and in good repair with sufficient gas for the trip.
- \_\_\_\_\_ 12. Each student being transported must wear an individual seat belt during travel.
- \_\_\_\_\_ 13. No students are allowed to ride in the front seat.
- \_\_\_\_\_ 14. All students must comply with SWS car seat guidelines (under 4'9" requires a booster seat, regardless of age).
- \_\_\_\_\_ 15. As the driver on the SWS outing, I am the authority figure in the car and have the responsibility to uphold the educational values of the school.  
To this end, I agree to promote a healthy traveling environment free of individual student electronic devices and DVD players; and **only using teacher approved** audio.
- \_\_\_\_\_ 16. As a driver/chaperone on field trips and overnight excursions, I have the responsibility to be a model to the students and to be prepared at all times to help and support the teacher. Therefore, I agree to forego alcohol and any other substance that may compromise my abilities.
- \_\_\_\_\_ 17. I agree to abide by the prearranged snack and meal times set by the teacher, and will not provide food or drink outside of this schedule.
- \_\_\_\_\_ 18. I certify I have a First Aid kit in my vehicle, and if not, I have received a simple one from the Main Office.
- \_\_\_\_\_ 19. I agree to inform the teacher if a student is injured.
- \_\_\_\_\_ 20. I acknowledge that I will not let distractions divert my attention from my primary task of driving. Distraction's include texting, receiving or placing a phone call, eating, and drinking, talking to passengers, grooming, reading (including maps), using a navigation system, watching a video, adjusting audio controls, or anything that takes my eyes off the road.

By signing this document, I represent that I have no pending charges or convictions within the last ten years as outlined above, and I further represent that all of the information supplied on this form is true and accurate.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_