

VASHON ISLAND SCHOOL DISTRICT NO. 402
P. O. Box 547
Vashon, Washington 98070
206-408-8000

Volunteers and Contributions

Please type or write legibly:

1. Donor's Name: _____ Phone: _____

Address: _____

Street/P.O. Box

City/State/Zip

2. Donation: (Please check and complete)

Funds – Amount: \$ _____

Services – Describe: _____

_____ Value: \$ _____

Supplies, materials, equipment – Describe: _____

_____ Value: \$ _____

Note: Please attach any additional sheets, drawings, budgets, maps, and other documents needed to adequately detail your offer.

3. Program Benefited: (Please check and complete)

School Name: _____

Class or Activity: _____

Facility: _____

Other: _____

I/We understand that the district may accept only those donations which are consistent with its goal, which carry no unsuitable conditions, which present no conflicts of interest, and which do not obligate the district to future expenditures disproportionate to the value of the gift.

Moreover, I/we understand that all donations of real property, equipment and supplies become district property and are accepted without obligation concerning use and/or disposal.

Donor's Signature

Date Offered

Budget Code: (Office use only)

4. Evaluation and Recommendation:

Acceptance Recommended Non-acceptance Recommended

Rationale: _____

Administrator

Date

5. Review and Action:

a. If the value is \$500 or less, the Superintendent reviews and acts on the offer.

Accepted Not Accepted

Rationale: _____

Superintendent

Date

b. If the value is more than \$500, the Superintendent recommends action on the offer and the Board of Directors reviews and acts.

Acceptance Recommended Non-acceptance Recommended

Rationale: _____

Superintendent

Date

Accepted Not Accepted

Rationale: _____

Board Chair

Date

Policy Reference:4270 – Volunteers and Contributions

Original: District Office
cc: Donor
School/Facility Administrator