

Taholah School District #77
600 Chitwhin Drive
Taholah, WA 98587
360-276-4780



Volunteer Application and Disclosure Agreement

Volunteer Profile:

Thank you for your interest in being a volunteer. Please print clearly. Complete this form, Volunteer Disclosure Statement, and Volunteer Agreement. By completing these forms, and after a successful background check (RCW 10.97 Request for Criminal History Record) processed through Washington State Patrol and a national criminal history database including county, state, tribal and federal systems, you will be contacted by the school. Processing may take up to ten (10) days. Fingerprints of volunteers may be required. Volunteers may request a copy of their Washington State Patrol WATCH report and will be notified within 10 days and can request a copy of the report. Information from other agencies will not be made available to volunteer applicants. The Taholah School District requires school volunteers to renew their background checks every year. INFORMATION ON THIS FORM IS USED FOR VOLUNTEER PURPOSES ONLY.

- A. Please fill out the information below.
- B. Please provide a photocopy of a valid, current Washington State Driver's License
- C. Please fill out the Volunteer Disclosure Statement
- D. Please sign the Volunteer Agreement.

- 1. Is this a renewal application? yes no
- 2. Have you lived in Washington State for the past 5 consecutive years? yes no

Please print:

NAME: _____

Last Middle First

Alias/Maiden Names used: _____

Address: _____

Phone: _____

Secondary Phone: _____

Email Address: _____

Date of Birth: _____ Sex: _____ Race: _____

CRIMINAL HISTORY DISCLOSURE

Request for Criminal History Information in accordance with Child/Adult Abuse Information Act (RCW 43.43.830 through 43.43.845)

The Washington State Legislature has helped us assure security for children by allowing background checks on all people who work with children in schools and in accordance with Chapter 43.43 RCW, prospective volunteers are required to complete this section Taholah School District cares about our students and therefore we support this requirement and work to ensure all volunteers complete this form and undergo a background check each school year prior to beginning as an active volunteer.

Prospective volunteers are required to complete the disclosure questions below by answering YES or NO to each.

Due to risk management restrictions, TSD staff is unable to approve applicants who don't disclose all arrests and charges and investigations. Criminal records will not automatically disqualify your application; however, they may restrict your roles.

Why are you interested in volunteering with us (please check all that apply) *

I am a parent or legal guardian of a student

I am a family member of a student

I want to give back to the community

My employer matches my volunteer hours with donations

For service learning credit or to gain service hours for college or graduate school application

For internship or practicum credit

I am part of an organization or group serving together

Other

Please mark your skills and areas of expertise. We will use your selections for matching you with current and future volunteer opportunities.

Administrative

Community outreach

Computer science

Cooking

Crafts

Event planning/coordination

Fundraising

Gardening/Horticulture

Grant writing

Graphic design

Home improvement, carpentry

Library service

- | | |
|---|--|
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Other performing or visual arts |
| <input type="checkbox"/> Music | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Natural sciences, conservation, wilderness | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Organizing | <input type="checkbox"/> Team management/leadership |
| | <input type="checkbox"/> Web design |
| | <input type="checkbox"/> Writing/Editing |

The following information will help us select an appropriate background check for you. Please check as many answers as apply. *

- I have lived in Washington State for the past 3 years. If uploaded WA State ID was issued less than 3 years ago, please provide additional documents - see question below.
- I have lived in the U.S. for the past 3 years.
- I live in another state.
- None of the above apply to me.
- My volunteer role will include regular unsupervised access to students.

Disclosure (1): Have you been arrested or convicted for any crimes? Are there any charges pending against you?

_____Yes _____No. If Yes, explain below:

Disclosure (2): Have you been found in any dependency action under Chapter 13.34 RCW to have sexually assaulted or exploited any minor or to have physically abused any minor?

_____Yes _____No. If Yes, explain below:

Disclosure (3): Have you been found, investigated or contacted by a court in a domestic relations proceeding under Title 26 RCW to have sexually assaulted or exploited any minor or to have physically abused any minor?

_____Yes _____No. If Yes, explain below:

Disclosure (4): Have you been found or have you been investigated or contacted by any disciplinary board to have sexually abused or exploited any minor or to have physically abused any minor.

_____ Yes _____ No. If Yes, explain below:

Disclosure (5): Are there any civil adjudications against you?

_____ Yes _____ No. If Yes, explain below:

Disclosure (6): Mark any of the following for which you may have been convicted, including any of these crimes as they may have been renamed. The term convicted includes all instances in which a finding of guilt, a plea of guilty or nolo contendere, or stipulation of facts or deferred or suspended sentence occurred.

- Custodial Assault
- First, Second or Third Degree Assault of a Child
- First, Second or Third Degree Assault
- First or Second Degree Custodial Interference
- Incest
- First, second, or Third Degree Rape of a Child
- Child Abandonment
- Child Abuse or Neglect as Defined in RCW 26.44.020
- Violation of Child Abuse Restraining Order
- Child Buying or Selling
- First, Second, or Third Degree Child Molestation
- First or Second Degree Sexual Misconduct with Minor(s)
- Patronizing a juvenile prostitute
- Selling or Distributing Erotic Material to Minor(s)
- Sexual Exploitation of Minor(s)
- Communication with a Minor for Immoral Purposes
- First Degree Burglary
- Aggravated Murder
- First or Second Degree Murder
- First or Second Degree Extortion
- First or Second Degree Kidnapping
- First or Second Degree Manslaughter
- First, Second, or Third Degree Rape
- First or second Degree Robbery
- Indecent Liberties
- Felony Indecent Exposure
- Vehicular Homicide
- Unlawful Imprisonment
- Malicious Harassment
- Criminal Abandonment
- First or Second Degree Criminal Mistreatment
- Promoting Pornography
- First Degree Promoting Prostitution
- Prostitution

_____ Check here if you have NOT been convicted of ANY of the above, including any of these crimes as they may rename.

If you answered YES to any of the above, please provide explanation:

Disclosure (7): Have you ever been convicted of any of the crimes relating to financial exploitation where the victim was a vulnerable adult (defined as adults of any age who lack the functional, mental, or physical ability to care for themselves.)

- **First, second or third degree extortion**
- **First, second or third degree theft**
- **First or second degree robbery**
- **Forgery**
- **Any of the foregoing crimes as they may have been renamed.**

_____Yes _____No. If Yes, explain below:

Disclosure (8): Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance?

_____Yes _____No. If Yes, explain below:

Is there any other fact or circumstance involving you and your background that would call into question you being entrusted with the supervision, guidance and care of young people, vulnerable adults or developmentally disabled persons?

I, the undersigned, authorize the Taholah School District to conduct a name/birthdate criminal history check with the Washington State Patrol and a national criminal history database, as well as other state and local law enforcement agencies, including county and tribal agencies, to determine the existence of any history that determines the existence of any arrest resulting in conviction.

Waiver

I have read the information contained in this application. Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I authorize Taholah School District # 77 to conduct a background check and to obtain any and all information needed to process my volunteer application, including but not limited to state, county, tribal and federal records. I further authorize any person contacted by Taholah School District #77 to provide information to SPS about my volunteer application. I understand that if Taholah School District discovers records on my Washington State Patrol WATCH report, I will be notified within 10 days and can request a copy of the report. I understand that information from others will not be made available to me. I hereby release and hold harmless Taholah School District # 77 and all references from any and all liability in obtaining or disclosing such information about my background. I understand that the District may, at its discretion, exclude me from volunteering for any reason, including any misleading or incomplete statements on this application. I understand that the failure to answer any question truthfully will automatically disqualify you from volunteer and employment opportunities with Taholah School District # 77.

X

Signature of Applicant

Applicant's Printed Name: _____

VOLUNTEER AGREEMENT
TAHOLAH SCHOOL DISTRICT #77

The Taholah School District recognizes the valuable contribution made to the total school program through the volunteer assistance of parents and other citizens. We thank you for your assistance and support.

Your signature below indicates your agreement to abide by all of the following expectations and that you have completed the required forms prior to providing volunteer services.

ROLE AND EXPECTATIONS:

- Volunteers serve as helpers. I understand that all volunteer activities are to be conducted under the supervision of District staff, and that all instructional service is to be rendered under the control and supervision of certificated staff.
- Staff members will determine and notify volunteers if any specific training or direction is required before assisting with an activity. I will confirm assigned responsibilities and expectations with the supervising staff member before beginning any activity.
- Student problems which arise, whether of an instructional, medical, behavioral or operational nature, shall be referred to a regular staff member for final resolution.
- I will follow the building procedures for signing in and out each and every time I volunteer at the school.
- I will wear an identification badge/tag/pin as required by the school.
- I understand that the District may revoke the engagement of a volunteer at any time. I understand that I am required to follow all District policies and procedures. I understand that failure to follow District policy and procedures or any part of this Agreement may result in my volunteer status being revoked and could in some cases subject me to legal liability. I understand that if I am convicted of any crimes following completion of this form, I must immediately notify the building administrator.

USE OF DISTRICT TECHNOLOGY:

- I will not use computer systems, logins, or accounts that have been assigned to someone else. If authorized to use a District computer, I will sign and abide by the District Technology User Agreement.

CONFIDENTIALITY:

- I understand that volunteers shall not discuss the performance, actions, or any other information about any student except with the student's teacher, school counselor or principal. This is not only District Policy, but is also mandated by federal statute, the Family Educational Rights and Privacy Act, 34 CFT Part 99. I understand that confidentiality pertains to both written record and verbal statements.

VOLUNTEER PRINTED NAME _____

VOLUNTEER SIGNATURE _____ Date: _____