

Ш	New
	Renewal

VOLUNTEER APPLICATION

Volunteer Name:		Date of Birth:		
Address:		City:		
State:	Zip Code:	County:		
Home Phone:	Cell Phone:	Email:		
Current Employer:	Occ	cupation:		
nterests, Hobbies, Skills:				
Do you have child/children at (Chief Leschi Schools?	□ No		
•	e and his/her teacher's name?			
llave very even been convicted	of a crime 2			
have you ever been convicted	of a crime?			
•		e resided in over the last	5 years Include th	
Please identify all states, coun	tries, or territories that you have	e resided in over the last	5 years. Include ti	
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New Renewal

VOLUNTEER INTEREST SURVEY

Volunteer Name:
Day Phone: Evening Phone:
I am interested in volunteering in the following age levels: ElementarySecondaryBoth
I am interested in the following subject areas:
ScienceMathReadingEnglishTechnologySPED
Other:
am available; please note all days/times of availability or any specific request:
Monday Tuesday Wednesday Thursday Friday
Morning; please specify:
Afternoon: please specify:
Evening; please specify:
Other information you would like to provide:
Are you volunteering for an upcoming school event? If so, please specify the event and date below;
What building/department will you be volunteering in?
Are you volunteering in a classroom? If so, what grade? Please list the teacher/s you will be working wit



CHIEF LESCHI SCHOOLS VOLUNTEER APPLICANT DISCLOSURE

In accordance with RCW 43.43.830, applicants and perspective volunteers are required to complete this disclosure form.

In addition, pursuant to RCW 28A.400, applicants who have been offered regular or temporary employment in positions which will allow unsupervised access to children are required to complete a state and national fingerprint background check. Offers of employment will be made on a conditional basis and subject to an acceptable outcome of the criminal record check. If a record check has been completed within two years prior to offer of employment and certified documentation thereof can be provided, the School will waive the requirement. After a conditional offer of employment has been made, the state/national background check is conducted at the applicant's expense.

Volunteers with assignments as outlined in said law will be required to complete a request to the Washington State Patrol for disclosure of any applicable charges of findings. Volunteers will be retained on the same conditional basis. A copy of the State Patrol's response will be sent to the employee/volunteer within ten days after receipt by the school.

ANSWER YES OR NO TO EACH ITEM LISTED. IF THE ANSWER IS YES TO ANY ITEM EXPLAIN IN THE SPACE PROVIDED INDICATING THE CHARGE OR FINDING, THE DATE AND COURT(S) INVOLVED.

1. Have you ever been convicted of any of crimes against persons as defined in RCW 43.43.830 and listed

as follows;
Aggravated murder;
First, second, or third-degree murder, assault, rape, statutory rape, child molestation.
First or second-degree kidnapping, robbery, manslaughter, extortion, criminal mistreatment custodial interference, sexual misconduct with a minor;
First degree arson, burglary, promoting prostitution;
Indecent liberties, incest, vehicular homicide, communication with a minor, unlawful imprisonment; simple assault; sexual exploitation of minors; child abuse or neglect as defined in RCW 26.44.020; malicious harassment; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child bullying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future.

A <u>YES</u> ANSWER TO ANY OF THESE QUESTIONS MUST BE EXPLAINED ON THE NEXT PAGE

1.	Pursuant to RCW 9A72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I authorize Chief Leschi Schools to make any investigation of any personal, educational, vocational or employment history. I further authorize any former employer, person, firm, corporation, educationalor
INVES ⁻	TIGATION CONCENT, RELEASE OF LIABILITY AND AGREEMENT FORM
Explan	ation:
	A YES ANSWER MUST BE EXPLAINED IN THE SPACE BELOW.
5.	Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?NoYes
	A YES ANSWER MUST BE EXPLAINED IN THE SPACE BELOW.
4.	Have you ever been found by a court in a domestic relation proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? NoYes
	A YES ANSWER MUST BE EXPLAINED IN THE SPACE BELOW.
3.	Have you ever been found in any dependency action under RCW 13.34.020 (2b) to have sexually assaulted or exploited any minor or to have physically abused any minor?NoYes
	NoYes – If yes, attach an explanation of the nature of the charge, place, date, and court
	or tribal law involving crimes of violence; sexual assault, molestation, exploitation, sexual contact or prostitution; crimes against persons; or offenses committed against children?

WASHINGTON STATE PATROL

Identification and Criminal History Section PO BOX 42633, Olympia, WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

A REQUESTING AGENCY	//ADDRESS	B PURPOSE
		(Check appropriate box)
Agency		☐ Educational School District (ESD)/School District Volunteer (No Fee)
		(No ree)
Attn:		 □ Non-Profit Business/Organization – (Excluding Schools & EDS (No Fee)
Address		
City/State/Zip		☐ Profit Business/Organization – (Fee \$10)
I certify that this request is m purpose in	-	☐ Adoptive Parent- (Fee \$10)
		Fees:
Authorized Signature	Date	Cashier's Check, Money Order, or Business Account Make payable to: Washington State Patrol
	Phone Number	
C REQUESTING APPLICAL	NT OF INQUIRY (please provi	ide as much information as possible, name and date of birth are mandatory)
REQUESTING APPLICAL		
Applicant's Name:	Last	First Middle
Applicant's Name:	Last	
Applicant's Name:Alias/Maiden Name(s):	Last	First Middle
Applicant's Name:Alias/Maiden Name(s):	Last Sex:	First Middle
Applicant's Name:	Sex: y/Year	First Middle
Applicant's Name:	Last Sex: y/Year Driver's	First Middle Race:
Applicant's Name:	Sex:	Race: State
Applicant's Name: Alias/Maiden Name(s): Date of Birth: Month/Day Social Security Number: Secondary discrimination of this DIENTIFICATION DECL	Sex: Priver's criminal history record informat ARING NO EVIDENCE	Race: State
Applicant's Name:	Sex: Driver's criminal history record informate ARING NO EVIDENCE PATROL IDENTIFICATIO	Race: 's License Number State tion response is prohibited unless in compliance with RCW 10.97.050 ON & CRIMINAL HISTORY SECTION Y Pursuant to RCW 43.43.830 through 43.43.845
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