

Lake Washington School District

Volunteer Application Instructions

Thank you for your willingness to volunteer in Lake Washington School District. To ensure the safety of our students and staff, you **MUST** complete this application packet and be **APPROVED** by the Communications Office **BEFORE** you can begin your volunteer assignment.

Here is some information on how to complete the volunteer application packet:

1. Read the Volunteer Handbook thoroughly. The Volunteer Handbook is available in the school office or on the district website at: <http://www.lwsd.org/volunteer-handbook.pdf>.

2. Volunteer Application Form

This form provides basic information about you and your volunteer interests.

- Remember to sign and date at the bottom of the page to indicate that all the information on your form is accurate and that you have read, understood, and agreed to the guidelines included in the handbook.

3. Washington State Patrol (WSP) Criminal History Check Form

All volunteer applicants must have a criminal history check performed through Washington State Patrol.

- Please **complete sections C and D** of this form.
 - Section C: Include any maiden or former names, and nicknames.
 - Section D: Sign and date the form to indicate that the information you provided is accurate. (Fingerprints are not required).

4. Disclosure Form

This form provides information about any past or current criminal or civil offenses. It also gives permission for the district to conduct the background check.

- Please answer each question completely and truthfully. Add an extra sheet of paper if necessary.
- Sign and date the form to indicate that the information you provided is accurate.

5. Review Your Forms

Double-check to make sure you have filled out each form completely and that you have signed and dated all forms in the packet.

6. Provide a Copy of Driver's License

Attach one copy of your current driver's license, or other photo identification that includes your legal name and date of birth. This helps to verify identity during the background check.

Thank you for your interest in volunteering in Lake Washington schools!

Lake Washington School District

Volunteer Application

Today's Date ____/____/____

Office Use Only ID# _____

Approved Denied Restricted

Signature _____

Date _____

Application Information

This is a: New application Renewal

I am a: Parent/Guardian Relative Community member

Check here if you are a LINKS volunteer (LINKS: Looking Into the Needs of Kids and Schools. LINKS places volunteers in LWSD schools based on the needs of the school and the interests of the volunteer. For more information go to: <http://www.lwsd.org/LINKS>).

Personal Information

Male Female

Full legal name _____
first middle last

Maiden name(s)/Nicknames/Aliases _____

Date of Birth ____/____/____ Birthplace (city & state OR country) _____

Address _____ City _____ ST _____ ZIP _____

E-mail _____ Phone # _____

Languages spoken (besides English) _____

Employer _____

Name of child(ren)/student(s) _____

Emergency Contact Information

Name _____ Phone # _____

Volunteer Interests and Activities

School(s) where I wish to volunteer _____

I plan to volunteer: Regularly Once in a while

Volunteer activities (ex: Field trip chaperone, math help, tutoring, etc.) _____

Do you require any accommodations? Yes No If yes, what is the accommodation? _____

All information in this application is accurate to the best of my knowledge. I have received and thoroughly read the Lake Washington School District Volunteer Handbook. I understand the information in the handbook and I agree to comply with the guidelines. As a condition of being permitted to volunteer for Lake Washington School District, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from my volunteer experience, including but not limited to, any activity while volunteering on school property. I hereby agree to waive any and all claims arising out of any such injury or damage.

Applicant signature (or parent/guardian if under 18) _____

Date _____

Please Attach One Copy of Your Driver's License

Please return all completed forms to the school in which you would like to volunteer, or to the volunteer office at the L.E. Scarr Resource Center: P.O. Box 97039, Redmond, WA 98073. **Make sure you attached one copy of your driver's license.**

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 (Instructions on Reverse Side)

PLEASE COMPLETE SECTIONS C & D (thumb print not required)

A REQUESTING AGENCY/ADDRESS
 Lake Washington School District
 Agency
 Public Information Office
 Attn
 P.O. Box 97039
 Address
 Redmond, WA 98073-9739
 City/State/Zip

I certify this request is made pursuant to and for the purpose indicated.

Shannon Pathemer
 Authorized Signature Date

Community Relations (425) 936-1300
 Title Area Code/Phone Number

B PURPOSE
 Check appropriate box

Educational School District (ESD)/School District Volunteer – no fee

Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)

Profit Business/Organization - \$17

Adoptive Parent - \$17

Receive results electronically

Email address _____

Password _____ (must be at least 8 characters)

Fees: Make payable to Washington State Patrol by check, money order, or business account.

Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.

_____ Notarized Letter(s)

C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
 Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: **Not Required**
 Month/Day/Year

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION
 WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.
 Lake Washington School District #414
 Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

Applicant Right Thumb Print (Optional)

Not Required

Lake Washington School District

Volunteer Application Disclosure Form

Please answer the following questions honestly and completely and sign the declaration on the following page. Attach a separate sheet if additional space is needed.

The Washington State Legislature has helped us to assure security for children by allowing background checks on all people who work with children in schools. Lake Washington School District supports this requirement. Because we care about our students, all volunteers must complete this form and undergo a Washington State Patrol Criminal Background Check.

Any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as a volunteer. Lake Washington School District reserves the right to reject any applicant for any legitimate, nondiscriminatory reason. **NOTE:** Criminal convictions DO NOT necessarily restrict you from volunteering. Decisions about volunteer approval status are made on a case by case basis.

- 1) Have you ever been convicted of a crime? You must include any and all past or current criminal offenses.

No Yes

If "yes," please identify the crime(s), provide the date(s) of the conviction(s), the name of the court(s), (e.g., King County Superior Court) and the sentence(s) imposed.

- 2) Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation of a child in any legal proceeding? These proceedings include judicial or administrative proceedings as well as findings by Department of Social and Health Services (DSHS) or the Department of Health that you have not challenged or appealed.

No Yes

If "yes", please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty(ies) imposed.

- 3) Do you currently have any criminal charges pending against you? Are you presently under investigation for possible criminal charges?

No Yes

If "yes," please provide pertinent details to enable Lake Washington School District to evaluate, including the charge(s), date(s), jurisdiction(s) and status.

CONTINUED

4) Other than any matter listed on the previous page (page 3 of 4), is there any fact or circumstance involving you and your background that would call into question your being entrusted with the supervision, guidance and care of young people, vulnerable adults or developmentally disabled persons?

No Yes

If "yes," please explain.

Disclosure Statement:

I hereby authorize and consent to Lake Washington School District, its agents and employees, to inquire into and undertake whatever background check of me that Lake Washington School District, in its sole discretion, deems appropriate to determine my fitness to serve as a volunteer. I understand the inquiry may include computer database searches, interviews with people acquainted with me, employers or references. I understand the information will be kept confidential to the extent permitted by law, but that Lake Washington School District, as a public entity, is subject to the State Public Records Act, RCW 42.56 et seq and the exemptions provided there under, as amended. I release and hold harmless Lake Washington School District, its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that if Lake Washington School District determines, in its sole discretion, that I have provided false or incomplete information in response to the above questions, or the District decides, with or without cause, not to approve or retain me as a volunteer for whatever reason, Lake Washington School District may, without notice or other process, reject my application to serve as a volunteer.

Pursuant to RCW 9A.72.085, I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date ____/____/____ Signature _____

Printed Name _____

Home Address _____

City and State Where Signed _____

Please return all completed forms to the school in which you would like to volunteer, or to the volunteer office at the L.E. Scarr Resource Center: P.O. Box 97039, Redmond, WA 98073. Make sure you attached one copy of your driver's license.