



Lake Washington School District

Volunteer Application Instructions

Thank you for your willingness to volunteer with Lake Washington School District. To ensure the safety of our students and staff, there is an application packet you must complete before you can begin your volunteer assignment.

Here's how to complete the volunteer application packet:

1. Volunteer Application Form

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

- All applicants must fill out section 1 of the Volunteer Application form. Section 2 is only for volunteers who may wish to serve on a regular basis.
- Read the Volunteer Handbook thoroughly.
- 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.

2. Washington State Patrol (WSP) Background Check Form

All volunteer applicants must receive a background check through Washington State Patrol.

- Please complete sections C and D. Fingerprints are not required for most applicants. If you will be serving in activities that are not supervised by Lake Washington School District staff, such as some before and after school programs, you must be fingerprinted before you can begin your service.
- Sign and date the form to indicate that the information you provided is accurate.

3. 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.

4. 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.

5. Provide a Copy of Driver's License

Attach a 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 serving Lake Washington School District!



Lake Washington School District

Volunteer Application

Note: Section 2 is for regular volunteers.

Please attach a copy of your driver's license.

Office Use Only

Approved Denied Restricted

Signature _____

Date _____

1. Background Information

Date ___/___/___ Check one: parent/guardian non-parent/community member student

Full legal name _____
first middle last

M ___ F ___ Date of Birth ___/___/___ Birthplace (city/state or country) _____

Address _____ City _____ ST ___ ZIP _____

Phone # _____ E-mail _____

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

School where you wish to volunteer _____

Reason for volunteering (include specific details) _____

Employer _____ Phone # _____

Emergency contact (local) _____ Phone # _____

2. Volunteer Interests & Availability (for regular volunteers)

School(s) preference _____ Grade level preference _____

Volunteer interests _____

Languages spoken _____

Best day(s) of week _____ Hours available _____

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 a Copy of Your Driver's License

Please return all completed forms to the school in which you would like to volunteer, or to the district's Volunteer Office at the L.E. Scarr Resource Center: 16250 NE 74th St., Redmond, WA 98052. Please attach copy a 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)

<p>A REQUESTING AGENCY/ADDRESS Lake Washington School District</p> <p>Agency Public Information Office</p> <p>Attn P.O. Box 97039</p> <p>Address Redmond, WA 98073-9739</p> <p>City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p><i>Chelsea P. Lee</i> Authorized Signature _____ Date _____ Community Relations (425) 702.3300 Title _____ Area Code/Phone Number _____</p>	<p>B PURPOSE Check appropriate box</p> <p><input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer - no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal. _____ Notarized Letter(s)</p>
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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: _____
Month/Day/Year

Social Security Number: Not required Driver's Lic. Number/State: _____ / _____

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
Requesting Agency

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

Applicant Right Thumb Print (Optional)



Lake Washington School District

Volunteer Application Disclosure Form

Please answer the following questions completely and sign the declaration on the following page. If additional space is needed, please attach a separate sheet of paper.

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.

1) Have you ever been convicted of a crime?

No Yes

If "yes," please identify the offense(s), provide the date(s) of the conviction(s), the name of the court, (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 or financial 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 outstanding criminal charges or warrants for your arrest 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.

Please return all completed forms to the school in which you would like to volunteer, or to the district's Volunteer Office at the L.E. Scarr Resource Center: 16250 NE 74th St., Redmond, WA 98052. Please attach a copy of your driver's license.

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 Disclosure Act, RCW 42.17.250 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 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/State Where Signed _____

Please Attach a Copy of Your Driver's License

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