

Parent/Legal Guardian Volunteer Form

(If students are enrolled in Tacoma Public Schools.)

By completing this registration form, you will be a registered volunteer at each of your children's schools listed to the left. Please type or print clearly. Please complete front and back of this form and the Washington State Patrol form. No nicknames or abbreviations, please.

Name: _____
(Last Name) (First Name) (Middle Name)

Address: _____
(Street) (Apt. #)

City: _____ State: _____ Zip Code: _____

Telephone: _____
(Home) (Work)

Date of Birth: _____ (Required)
(Month) (Day) (Year)

Email: _____

High School:

(School)

(Student's Name)

(School)

(Student's Name)

Middle School:

(School)

(Student's Name)

(School)

(Student's Name)

Elementary School:

(School)

(Student's Name)

(School)

(Student's Name)

(School)

(Student's Name)

Please return the completed forms to your school's volunteer coordinator.

How would you like to help? (Check all that apply.)

Tutoring:

- Reading (one-to-one) Reading (small groups) Math Computers
 WERLIN team reader Other (Specify) _____

Special Education:

- Classroom Assistant Resource Room

Resource Help:

- Art Docent Drama Enrichment
 Foreign Language (Specify) _____

Specific Area:

- Classroom Assistant Coaching Assistant Field Trips
 Health Screening Library Serve on a committee
 Special Activity _____

Grade Level Preferred:

- Preschool Kindergarten Elementary
 Middle School High School No Preference

Day(s) Willing to Volunteer:

- Monday Tuesday Wednesday Thursday Friday

Hours Willing to Volunteer:

- Morning (Times: _____) Afternoon (Times: _____)
 After School (Times: _____)

In case of emergency, please notify: _____ Telephone: _____

Are you able to perform the function of your volunteer assignment without special accommodations? Yes No
If no, please explain: _____

To be completed by School Volunteer Coordinator or staff member:

I have seen this volunteer's picture identification and the name & date of birth listed above are correct.

School _____

Volunteer Coordinator _____

Applicant Disclosure Form

Pursuant to Chapter 43.43 RCW

Your volunteer interview form and Washington State Patrol clearance are valid for two (2) years from the date stamped on your last clearance.

PLEASE ANSWER YES OR NO TO EACH QUESTION AND SIGN THE FORM. Your volunteer registration cannot be completed without this form.

1. Have you ever been convicted of any crimes against persons listed below or any of these crimes as they may be renamed in the future? If the answer is "yes" to any item, briefly explain below including the date and the court involved.

- Yes No Arson (1st degree)
- Yes No Assault (Simple)
- Yes No Assault (1st, 2nd, or 3rd degree)
- Yes No Burglary (1st degree)
- Yes No Child abuse/neglect (defined by RCW 26.44020)
- Yes No Child molestation (1st, 2nd or 3rd degree)
- Yes No Child buying or selling
- Yes No Child abandonment
- Yes No Child abuse (violating restraining order)
- Yes No Communication with a minor
- Yes No Criminal mistreatment (1st or 2nd degree)
- Yes No Custodial assault
- Yes No Custodial interference (1st or 2nd degree)
- Yes No Extortion (1st or 2nd degree)
- Yes No Felony – indecent exposure
- Yes No Incest
- Yes No Indecent liberties
- Yes No Kidnapping (1st or 2nd degree)
- Yes No Malicious harassment
- Yes No Manslaughter (1st, 2nd or 3rd degree)
- Yes No Murder (aggravated)
- Yes No Murder (1st, 2nd, or 3rd degree)
- Yes No Patronizing a juvenile prostitute
- Yes No Promoting pornography
- Yes No Promoting prostitution
- Yes No Prostitution
- Yes No Rape of a child (1st, 2nd or 3rd degree)
- Yes No Rape (1st or 2nd degree)
- Yes No Robbery (1st or 2nd degree)
- Yes No Selling or distributing erotic material to a minor
- Yes No Sexual exploitation of minors
- Yes No Sexual misconduct with a minor (1st or 2nd degree)
- Yes No Unlawful imprisonment
- Yes No Vehicular homicide

Explanation, if needed: _____

2. Have you been convicted of crimes relating to financial exploitation of a vulnerable adult? (Crimes relating to financial exploitation include conviction for 1st, 2nd or 3rd degree extortion; 1st, 2nd, or 3rd degree theft; 1st or 2nd degree robbery, forgery or as renamed. A vulnerable adult is a person 60 years of age or older who has the functional, mental or physical inability to care of himself/herself or is a patient in a state hospital as defined in Chapter 72.23 RCW.)

Yes No

If yes, explain: _____

3. Have you been found in any dependency action under RCW 13.34.040 or found in a Court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor?

Yes No

If yes, explain: _____

4. Have you been found by a Court in a protection proceeding under Chapter 74.34 RCW or any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person OR to have abused or financially exploited a vulnerable adult?

Or under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

Yes No

If yes, explain: _____

5. Within the past ten (10) years, have you been convicted of ANY offense or placed on deferred sentence for ANY offense?

Yes No

If yes, explain nature of crime, date and place: _____

6. Within the past ten (10) years, have you been released from jail, prison, probation or a work release program?

Yes No

If yes, explain nature of crime, date and place: _____

PLEASE READ & SIGN BELOW:

I have read the information contained herein and 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 Tacoma School District #10 to make such investigations and inquiries as may be necessary in arriving at a volunteer assignment decision. I hereby release Tacoma School District #10 and its employees from all liability in responding to inquiries in connection with my volunteer application. In the event of a volunteer assignment, I understand that any offer of volunteer placement is contingent upon an acceptable outcome of the criminal history check. I agree that the District may, at its discretion, preclude me from volunteer service if, among other reasons, I provide misleading or incomplete statements. I understand that I am required to abide by all policies, procedures and regulations of the Tacoma School District #10.

 Signature

 Date

 Print Full Name

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**

REQUESTING AGENCY/ADDRESS

Volunteer/Tacoma Public Schools

Agency _____

Attention _____

Address _____

City/State/Zip _____

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

Authorized Signature Date

Volunteer Coordinator

Title Area Code/Phone Number

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 – \$10
- Adoptive Parent – \$10

Fees: Make payable to **Washington State Patrol** by cashier's check, money order or business account

NO FEE FOR TACOMA SCHOOL DISTRICT VOLUNTEERS. DO NOT MAIL TO WASHINGTON STATE PATROL.

Complete this section.

APPLICANT/VOLUNTEER OF INQUIRY (Please provide as much information as possible. Name & date of birth are mandatory.)

Applicant/Volunteer's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____

Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

Complete this section.

**IDENTIFICATION DECLARING NO EVIDENCE
WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**

As of this date, the applicant named below shows no evidence Pursuant to RCW 43.43.830 through 43.43.845.

Volunteer/Tacoma Public Schools

Requesting Agency _____

Applicant/Volunteer's Signature _____

Applicant/Volunteer's Name _____

Address _____

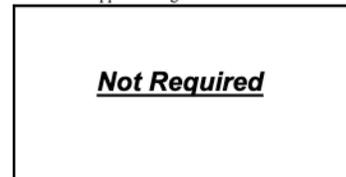
City/State/Zip _____

3000-240-430 (09:01)

TPS Use Only



Applicant Right Thumb Print



Not Required