

La Center School District No. 101
725 Highland Road/PO Box 1840
La Center, WA 98629
Phone: 360.263.2131/Fax:360.263.1140

Volunteer Registration Form

Name: _____
Last First Middle Initial

Address: _____
Street City State/Zip

Phone Number: _____ Birth Date: ____/____/____

Names and Ages of Children: _____

Previous Volunteer Experience

Kind of Service: _____ Organization: _____

Skill and Interest _____

Type of Volunteer Work Preferred

Tutoring Aide: Reading Mathematics Sports/Coaching General School Aide: Office

Level of School Preferred: Kindergarten Elementary Middle High School

Check Days You Can Serve: Monday Tuesday Wednesday Thursday Friday

Community Education (Must have prior approval from Community Ed Director)

Field Trip Chaperone Date of Field Trip _____ Location _____

Emergency Information

Any medical problems we need to be aware of? _____

Medications: _____

Dr. Name _____ Location/Clinic _____ Phone _____

Emergency Contact Person (1) _____ Relationship _____

Phone number: Work _____ Home _____ Cell _____

Emergency Contact Person (2) _____ Relationship _____

Phone number: Work _____ Home _____ Cell _____

I certify the above information is true and accurate:

Date: _____

**La Center School District
Information Verification Form**

In order to accurately complete payroll, personnel, and directory records for the 2011-2012 school year, the following information is necessary. Please do not write "same as last year" as we cannot keep this information from one year to the next. We very much appreciate your cooperation and understanding in providing this information each year.

Directory Information

Name _____ Birth Date ___/___/___ Date _____

Home Address (Mailing) _____

Street Address (If Different) _____

City _____ State _____ Zip Code _____ Is this address different from last year? **Y** ___ **N** ___

Phone Numbers: Home() _____ Cell () _____ Is this an unlisted number? **Y** ___ **N** ___
(Please indicate your number even if it is unlisted. It will appear in the directory with a notation to not reveal unpublished numbers).

Emergency Information
(This information will be kept confidential)

Any medical problems we need to be aware of? _____

Medications: _____

Allergies: _____

Emergency Contact Person (1) _____ Relationship _____

Phone number: Work _____ Home _____ Cell _____

Emergency Contact Person (2) _____ Relationship _____

Phone number: Work _____ Home _____ Cell _____

Assignment

Certified Building _____ Grade _____ Subject _____

Classified Building _____ Job Title _____

ESD Building _____ Job Title _____

Bus Driver Route _____

PLEASE RETURN TO LAURIE KANSANBACK IN THE DISTRICT OFFICE

**LA CENTER SCHOOL DISTRICT NO. 101
ANNUAL TRAINING CONFIRMATION FORM**

Name: _____ Date: _____
(Please Print)

The following training is required annually for every employee, substitute and volunteer of the La Center School District. Training is available on the school website under "STAFF"/mandatory training. **For first time Volunteers, attendance at a one time training session is required where this form will be completed.**

(District Website – Staff – Annual Mandatory Training)

Please check off each item as you review it. If you have questions about the information, please consult your building administrator. Once you have completed your review, please sign the bottom of this form and return it to your building secretary. PLEASE NOTE: Your signature on this sheet verifies that you understand the information you have reviewed.

- | | | |
|--|----------|--------------------------|
| 1. LCSD Mandatory Safety Training Overview | Reviewed | <input type="checkbox"/> |
| 2. LCSD Mandatory Safety Training Overview Cont. | Reviewed | <input type="checkbox"/> |
| 3. Safety Program (Policy 6511) | Reviewed | <input type="checkbox"/> |
| 4. First Aid Training (Not required of all employees) | Reviewed | <input type="checkbox"/> |
| 5. Emergency Response Procedures | Reviewed | <input type="checkbox"/> |
| 6. HIV/Hepatitis B | Reviewed | <input type="checkbox"/> |
| 7. Infection Control Program (Policy 6512, 3414) | Reviewed | <input type="checkbox"/> |
| 8. Boundary Invasion Policy (5253) | Reviewed | <input type="checkbox"/> |
| 9. Sexual Harassment (Policy 6590) | Reviewed | <input type="checkbox"/> |
| 10. Sexual Misconduct Notification | Reviewed | <input type="checkbox"/> |
| 11. Harassment, Bullying, and Intimidation (Policy 3207) | Reviewed | <input type="checkbox"/> |
| 12. Weapons/Firearms (Policy 4210) | Reviewed | <input type="checkbox"/> |
| 13. Use of Tobacco on School Property (Policy 4215) | Reviewed | <input type="checkbox"/> |
| 14. Drug Free Workplace (Policy 5201) | Reviewed | <input type="checkbox"/> |
| 15. Asbestos | Reviewed | <input type="checkbox"/> |
| 16. Pesticide (Policy 6895) | Reviewed | <input type="checkbox"/> |
| 17. Notification of Threats of Violence or Harm (Policy 4314) | Reviewed | <input type="checkbox"/> |
| 18. Use of Videos in Class (Policy 2027) | Reviewed | <input type="checkbox"/> |
| 19. Electronic Information System (K-20 Network) (Policy 2022 & 2022P) | Reviewed | <input type="checkbox"/> |
| 20. Staff Treatment (Executives Limitations-4) | Reviewed | <input type="checkbox"/> |
| 21. End of Annual Training | Reviewed | <input type="checkbox"/> |

Signature _____

Date _____

Employment Disclosure Statement

All applicants who will or may have unsupervised access to children during the course of employment in connection with his/her application for a position with La Center School District No. 101 and pursuant to RCW 43.43.830 through 834, RCW 9.96A.020, and RCW 10.97.030 and 050 must complete the following disclosure statement. This information will be used only in making the initial decision of whether to employ you and will not be used or disseminated for any other purpose. We will request your fingerprints to obtain a report of your conviction record. If you are hired before the report is available, your employment will be conditioned upon the receipt of a satisfactory report.

Have you ever been convicted of any misdemeanor, gross misdemeanor or felony crimes against children or other persons (including instances in which a plea of guilty or nolo contendere is the basis for the conviction) or any proceedings in which the charge has been deferred from prosecution under chapter RCW 10.05 or the sentence has been deferred or suspended listed as follows:

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/> Have you been convicted of any crime	<input type="checkbox"/>	<input type="checkbox"/> First degree promoting prostitution
<input type="checkbox"/>	<input type="checkbox"/> First or second degree murder	<input type="checkbox"/>	<input type="checkbox"/> Communication with a minor
<input type="checkbox"/>	<input type="checkbox"/> First or second degree kidnapping	<input type="checkbox"/>	<input type="checkbox"/> First degree arson
<input type="checkbox"/>	<input type="checkbox"/> First, second or third degree assault	<input type="checkbox"/>	<input type="checkbox"/> First degree burglary
<input type="checkbox"/>	<input type="checkbox"/> First, second or third degree rape	<input type="checkbox"/>	<input type="checkbox"/> Indecent liberties
<input type="checkbox"/>	<input type="checkbox"/> First, second or third rape of a child	<input type="checkbox"/>	<input type="checkbox"/> Incest
<input type="checkbox"/>	<input type="checkbox"/> Felony indecent exposure	<input type="checkbox"/>	<input type="checkbox"/> Vehicular homicide
<input type="checkbox"/>	<input type="checkbox"/> First or second degree robbery	<input type="checkbox"/>	<input type="checkbox"/> Unlawful imprisonment
<input type="checkbox"/>	<input type="checkbox"/> First or second degree manslaughter	<input type="checkbox"/>	<input type="checkbox"/> Simple assault
<input type="checkbox"/>	<input type="checkbox"/> First or second degree extortion	<input type="checkbox"/>	<input type="checkbox"/> Sexual exploitation of minors
<input type="checkbox"/>	<input type="checkbox"/> First or second degree criminal mistreatment	<input type="checkbox"/>	<input type="checkbox"/> First or second degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/> Child abuse or neglect as defined in RCW 26.44.020	<input type="checkbox"/>	<input type="checkbox"/> Malicious harassment
<input type="checkbox"/>	<input type="checkbox"/> Selling or distributing erotic material to a minor	<input type="checkbox"/>	<input type="checkbox"/> First, second, or third degree child molestation
<input type="checkbox"/>	<input type="checkbox"/> Custodial assault	<input type="checkbox"/>	<input type="checkbox"/> Patronizing a juvenile prostitute
<input type="checkbox"/>	<input type="checkbox"/> Child buying or selling	<input type="checkbox"/>	<input type="checkbox"/> Violation of child abuse restraining order
<input type="checkbox"/>	<input type="checkbox"/> Promoting pornography	<input type="checkbox"/>	<input type="checkbox"/> Prostitution
<input type="checkbox"/>	<input type="checkbox"/> First, second or third degree assault of a child	<input type="checkbox"/>	<input type="checkbox"/> Or any of these crimes as they may have been named
<input type="checkbox"/>	<input type="checkbox"/> Aggravated murder		

1. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor? Yes No
2. Have you ever been found by a court in a domestic relations proceeding under title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? Yes No
3. Have you ever been found in any disciplinary board final decision to have sexually to physically abused or exploited any minor or developmentally disabled person? Yes No
4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years or age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital? Yes No

All Applicants:

If your answer is "yes" to any of the above, please describe and provide the dates(s) of the conviction(s) or finding(s) and the sentence(s) and/or penalty(ies) imposed. If the conviction has been the subject of an expungement, pardon, annulment, or certificate of rehabilitation, please specify (attach additional sheets if necessary).

Under Penalty of Perjury, I certify that the above information is true, correct, and complete. I understand that if I am hired, I can be discharged for any misrepresentations or omission in the above statement. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signature _____ Name(print) _____

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

<p>A REQUESTING AGENCY/ADDRESS</p> <p>Agency _____</p> <p>Attn _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Identify this request is made pursuant to and for the purpose intended</p> <p>Authorized Signature _____ Date _____</p> <p>Title _____ Area Code/Phone Number _____</p>	<p>B PURPOSE Check appropriate box</p> <p><input type="checkbox"/> Educational School District (FSD)/School District Volunteer - no fee</p> <p><input type="checkbox"/> Non-Profit Business Organization - no fee (Excluding Schools & FSD's)</p> <p><input type="checkbox"/> Profit Business Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</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 (available by mail only). There is an additional \$5.00 processing fee per notary seal.</p> <p>_____ 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

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.

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

Applicant Right Thumb Print (Optional)