

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: _____ E-Mail: _____ 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(Must have prior approval from the Athletic Director)
 General School Aide:

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

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: _____

****PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE TO THIS APPLICATION.****

La Center School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) has been designated to handle questions and complaints of alleged discrimination: Dr. Mark Mansell, Superintendent at PO Box 1840 La Center, WA 98629

05/07/2014

Employment Disclosure Statement

All applicants for employment or volunteer work 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 or use 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 or volunteer before the report is available, your employment or volunteer service 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
 Have you been convicted of **any** crime

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 or 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 or volunteer, I can be discharged for any misrepresentations or omission in the above statement. I also understand that if I am hired or volunteer my employment or use is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signature _____ Name(print) _____ Date _____

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 Agency _____ Attn _____ Address _____ City/State/Zip _____ <p>I certify this request is made pursuant to and for the purpose indicated.</p> Authorized Signature _____ Date _____ Title _____ () _____ Area Code/Phone Number _____	B PURPOSE Check appropriate box <input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee <input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's) <input type="checkbox"/> Profit Business/Organization - \$17 <input type="checkbox"/> Adoptive Parent - \$17 <input type="checkbox"/> Receive background 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 \$10.00 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: _____
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**
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 _____

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

Name: _____ Building _____ School Year _____
(Please Print)

The following training is required annually for every volunteer of the La Center School District. Training is available on the school website under "VOLUNTEERING"/Volunteer Orientation. All volunteer training must be completed by **October 1st each year.** Volunteers beginning their service after October 1st of each year are required to complete training prior to volunteering.

Please check off each item as you review it. If you have questions about the information, please consult your building administrator or volunteer coordinator. 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. Confidentiality Policies | Reviewed | <input type="checkbox"/> |
| 2. Teacher & Student Rights to Privacy | Reviewed | <input type="checkbox"/> |
| 3. Notification of Threats of Violence or Harm (Policy 4314) | Reviewed | <input type="checkbox"/> |
| 4. Communication Policies | Reviewed | <input type="checkbox"/> |
| 5. Dependability and Reporting Absences | Reviewed | <input type="checkbox"/> |
| 6. Maintaining Professional Attitude | Reviewed | <input type="checkbox"/> |
| 7. Sign-in and Identification Procedures | Reviewed | <input type="checkbox"/> |
| 8. Emergency Response Procedures | Reviewed | <input type="checkbox"/> |
| 9. Safety Procedures (Policy 6511) | Reviewed | <input type="checkbox"/> |
| 10. Student Discipline & Supervision | Reviewed | <input type="checkbox"/> |
| 11. Boundary Invasion Policy (5253) | Reviewed | <input type="checkbox"/> |
| 12. Unacceptable Conduct (5253P) | Reviewed | <input type="checkbox"/> |
| 13. Child Abuse Reporting | Reviewed | <input type="checkbox"/> |
| 14. Drug Free Workplace (Policy 5201); Tobacco (Policy 4210) | Reviewed | <input type="checkbox"/> |
| 15. Weapons/Firearms (Policy 4210) | Reviewed | <input type="checkbox"/> |
| 16. Blood-borne Pathogens; Infection Control Program (6512, 3414) | Reviewed | <input type="checkbox"/> |
| 17. Volunteer Registration & Criminal History Verification | Reviewed | <input type="checkbox"/> |
| 18. Staff Treatment (EL3) & Harassment Policies (6590, 3207) | Reviewed | <input type="checkbox"/> |
| 19. Staff/Volunteer Supervision Responsibilities | Reviewed | <input type="checkbox"/> |
| 20. Field Trip Procedures | Reviewed | <input type="checkbox"/> |

Volunteer Signature: _____ Date: _____