

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 Community Education (Must have prior approval from Community Ed Director)
 Field Trip Chaperone Date of Field Trip _____ Location _____

Level of School Preferred: Kindergarten Elementary Middle High School

Check Days You Can Serve: Monday Tuesday Wednesday Thursday Friday

Have you previously volunteered in our district? Yes No

Emergency Information

Emergency Contact Person (1) _____ Relationship _____

Phone number: Work _____ Home _____ Cell _____

Emergency Contact Person (2) _____ Relationship _____

Phone number: Work _____ Home _____ Cell _____

****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, gender 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 employees have been designated to handle questions and complaints of alleged discrimination: Dave Holmes, Civil Rights Coordinator, 725 Highland Road, La Center, 360-263-2131, Matt Cooke, Title IX Officer, 725 Highland Road, La Center, 360-263-1700, Peter Rosenkranz, Section 504 Coordinator, 700 E 4th Street, La Center, 360-263-2136

**LA CENTER SCHOOL DISTRICT NO. 101
VOLUNTEER TRAINING and ORIENTATION 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 PARENTS/COMMUNITY – Volunteering - Volunteer Training Slideshow. This is the Mandatory Staff Training Overview for La Center School District. Please check off each item of the **Volunteer Training Slideshow** as you review it. If you have questions about the information, please consult the building secretary.

- | | | |
|---|----------|--------------------------|
| 1. Safety Program (Policy 6511) | Reviewed | <input type="checkbox"/> |
| 2. First Aid Training (Not required of all employees) | Reviewed | <input type="checkbox"/> |
| 3. Emergency Response Procedures | Reviewed | <input type="checkbox"/> |
| 4. Hepatitis B/HIV | Reviewed | <input type="checkbox"/> |
| 5. Infection Control Program (Policy 6512, 3414) | Reviewed | <input type="checkbox"/> |
| 6. Student Supervision Expectations | Reviewed | <input type="checkbox"/> |
| 7. Field Trips (Policy 2320) | Reviewed | <input type="checkbox"/> |
| 8. Boundary Invasion (Policy 5253) | Reviewed | <input type="checkbox"/> |
| 9. Sexual Harassment (Policy 5011 and 3205) | 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. Tobacco (Policy 4215) | Reviewed | <input type="checkbox"/> |
| 14. Drug Free Workplace (Policy 5201) | Reviewed | <input type="checkbox"/> |
| 15. Asbestos | Reviewed | <input type="checkbox"/> |
| 16. Pesticides (Policy 6895) | Reviewed | <input type="checkbox"/> |
| 17. Notification of Threats of Violence or Harm (Policy 4314) | Reviewed | <input type="checkbox"/> |
| 18. AEDs | Reviewed | <input type="checkbox"/> |
| 19. Use of Videos in Class (Policy 2027) | Reviewed | <input type="checkbox"/> |
| 20. Electronic Information System K-20 Network (Policy 2022) | Reviewed | <input type="checkbox"/> |
| 21. Staff Treatment (Executive Limitations -3) | Reviewed | <input type="checkbox"/> |

The **Volunteer Orientation Slideshow** is also located on this webpage for your review. This slideshow includes information on confidentiality, communication, dependability, sign in/out procedures, safety, and volunteer/staff responsibilities.

Your signature verifies that you have read and understand the information provided.

Volunteer Signature: _____ Date: _____

School Volunteer Disclosure Form

To help ensure the safety of Washington's school children, pursuant to RCW 43.43.830 through 834, all volunteers who will or may have access to children with this school district must complete the following disclosure statement. This information will be used only in determining whether to accept you as a volunteer, and will not be used or disseminated for any other purpose. Further, the school district will obtain a report of your conviction record through the Washington State Patrol and may request your fingerprints if necessary.

Note: "Convicted," as used in this document, means found guilty of any misdemeanor, gross misdemeanor, or felony crime in a court of law, 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 10.05 RCW or the sentence has been deferred or suspended.

1. Have you ever been convicted of any crime against children or other persons? Yes No
2. Have you ever been convicted of crimes or found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult? Yes No
3. Have you ever been convicted of crimes related to drugs or property? Yes No
4. 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
5. 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
6. 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

If your answer is YES to any of the above, please describe and provide the case number(s), date(s) of the conviction(s) or finding(s), jurisdiction(s), and the sentence(s) and/or penalty(ies) imposed. If a conviction has been the subject of an expungement, pardon, annulment, or certificate of rehabilitation, please specify. (Attach additional sheets if necessary).

INFORMATION PROVIDED: Yes No N/A

Under penalty of perjury, I certify that the above information is true, correct and complete. I understand that my service to the school district may be terminated/rejected for any misrepresentations or omission in the above statements.

Signature: _____

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

<p>A REQUESTING AGENCY/ADDRESS</p> <p>Agency _____</p> <p>Attn _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>I certify this request is made pursuant to and for the purpose indicated.</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 (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 - \$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. There is an additional \$10.00 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**

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