

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

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**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 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.

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

1. Safety Program
2. First Aid Training
3. Emergency Response Procedures
4. Hepatitis B/HIV
5. Infection Control Program
6. Student Supervision Expectations
7. Field Trips
8. Boundary Invasion
9. Sexual Harassment
10. Sexual Misconduct Notification
11. Harassment, Bullying, and Intimidation
12. Weapons/Firearms
13. Tobacco
14. Drug Free Workplace
15. Asbestos
16. Pesticides
17. Notification of Threats of Violence or Harm
18. AEDs
19. Use of Videos in Class
20. Electronic Information System K-20 Network
21. Staff Treatment

Your signature verifies that you have read and understand the information provided in the Volunteer Training Slideshow.

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).

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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><b>A REQUESTING AGENCY/ADDRESS</b></p> <p>La Center School District</p> <p>Agency _____</p> <p>Attn _____</p> <p>PO Box 1840</p> <p>Address _____</p> <p>La Center, WA 98629</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>B PURPOSE</b></p> <p>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 &amp; 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><b>Fees:</b> Make payable to <b>Washington State Patrol</b> by check, money order, or business account.</p> <p><b>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</b></p> <p>_____ <b>Notarized Letter(s)</b></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

**VOLUNTEER VACCINE & ACCOMMODATION FORM – COVID-19**

Please complete this form and return it to the school office as part of the volunteer approval process. These forms will be kept on file until such time as the emergency order from the State of Washington has been rescinded. If you have questions please, phone, 360-263-2131 or email [peter.rosenkranz@lacenterschools.org](mailto:peter.rosenkranz@lacenterschools.org).

The La Center School District will reasonably accommodate volunteers in compliance with state law. We will accept volunteers with proof of vaccination or accommodation listed below in order to volunteer in support of our students.

Volunteer Name:	
Phone Number	

Vaccine:

- I am current with my vaccinations for COVID-19 (copy of vaccination card attached).

Exemption Request:

- I would like an exemption based on my religious, medical, and/or personal beliefs regarding the COVID-19 vaccination.
- My signature below indicates that I agree to follow the current symptom flowchart and will stay at home when ill.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

Your records will be maintained in accordance with applicable confidentiality requirements. Please feel free to contact Peter Rosenkranz ([peter.rosenkranz@lacenterschools.org](mailto:peter.rosenkranz@lacenterschools.org)) if you have any questions.

<b>Superintendent Review</b>			
Reviewed by:	_____	Approved	Denied (circle one)
Date:	_____		