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.

ALL APPLICANTS MUST FULLY COMPLETE PAGE 4 SECTIONS C AND D **INCLUDING A SIGNATURE** FOR THE FORM TO BE PROCESSED.

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: _____

3/10/2023

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: _____

3/10/2023

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

La Center School District
Agency

_____
Attn

PO Box 1840
Address

La Center, WA 98629
City/State/Zip

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

_____
Authorized Signature   Date

( )
_____
Title   Area Code/Phone Number

(B) 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 - $17

☐ Adoptive Parent - $17

☐ 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 FILL IN AS "La Center School District"

_____
Applicant's Signature FORM MUST HAVE A SIGNATURE TO BE PROCESSED!

_____
Applicant's Name

_____
Address

_____
City/State/Zip

PLEASE FILL OUT SECTIONS C AND D IN FULL, INCLUDING A SIGNATURE!