

La Center School District No. 101
La Center, WA 98629

Volunteer Registration Form
(Turn form in to the building where you will volunteer the most.)

Name: _____
Last First Middle Initial

Address: _____
Street City State/Zip

Cell #: _____ E-Mail: _____ Date of Birth: ____/____/____

Names and Ages of Children: _____

Previous Volunteer Experience

Kind of Service: _____ Organization: _____

Skill and Interest _____

Type of Volunteer Work Preferred

Tutoring Aide: Reading Mathematics General School Aide
 Sports/Coaching (Must have prior approval from the Athletic Director)
 Field Trip Chaperone Date of Field Trip _____ Location _____

School Preferred: 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.****

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

**LA CENTER SCHOOL DISTRICT NO. 101
VOLUNTEER TRAINING and ORIENTATION CONFIRMATION FORM**

Name: _____ School Year _____
(Please Print)

The following training is required annually for every volunteer of the La Center School District.

Please review the training on the school website under the menu for PARENTS/COMMUNITY. Select Volunteering/Supporting Organizations. Then select the Volunteer Orientation and Training button.

Please read the information provided as it will assist you in knowing district functions and policies. If you have questions about the information provided please consult the building secretary.

Information on the following topics is provided: Confidentiality, Communication, Dependability, Sign-in and Identification, Discipline, Avoiding Impropriety, Safety, Infection Control, Volunteer Responsibilities, No Expectation of Network Privacy, Field Trips.

Signing below indicates that you have read and understand the information provided in the Volunteer Orientation and Training for La Center School District.

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>La Center School District</p> <hr/> <p>Agency</p> <hr/> <p>Attn</p> <p>PO Box 1840</p> <hr/> <p>Address</p> <p>La Center, WA 98629</p> <hr/> <p>City/State/Zip</p> <div style="border: 1px solid black; padding: 5px;"><p>I certify this request is made pursuant to and for the purpose indicated.</p><hr/><p>Authorized Signature _____ Date _____</p><hr/><p>Title _____ () _____ Area Code/Phone Number</p></div>	<p>B PURPOSE</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 & 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 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!