

Edmonds School District
Elementary Volunteer Application
Edmonds Elementary

Student name, grade, room number

Please Check all that apply:

- ◊ Parent Volunteer
- ◊ Community Volunteer
- ◊ Student Volunteer
- ◊ Watch DOGS

Date _____

Name _____ M/F _____

Address: _____ City: _____ Zipcode _____

Phone: _____ Email: _____

Previous work with Children _____

School and Community Activities: _____

Languages Spoken: _____

Reason for volunteering: _____

Do you have a current CPR : Yes _____ No _____ Expiration date: _____

Do you have any health issues that we should be aware of: _____

Local Emergency Contact: _____

Emergency Contact Phone _____

For Office Use Only

Approved _____

School (x) _____

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 (Instructions on Reverse Side)

<p>(A) REQUESTING AGENCY/ADDRESS</p> <p>Edmonds Elementary Agency</p> <p>Hagen, B Attn</p> <p>1215 Olympic Ave Address</p> <p>Edmonds, WA 98020 City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated</p> <p><i>Patricia E. Hagen</i> 8/12/13 Authorized Signature Date</p> <p>Principal (425) 431-7374 Title Area Code/Phone Number</p>	<p>(B) PURPOSE Check appropriate box</p> <p><input checked="" 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 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 \$5.00 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.

Edmonds Elementary
Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip



EDMONDS SCHOOL DISTRICT
HUMAN RESOURCES
APPLICANT¹/VOLUNTEER DISCLOSURE STATEMENT
(Reference RCW 28A.400, RCW 43.43)

YOU MUST ANSWER ALL EIGHT (8) ITEMS ON THIS FORM.

Applicant/Volunteer Name (Please Print) _____

1. Check any of the following for which you have been convicted, including any of these crimes as they may have been renamed: *(the term "convicted" includes all instances in which a finding of guilt, a plea of guilty or nolo contendere, or stipulation to facts or deferred prosecution, or suspended sentence occurred).*

- | | |
|---|---|
| <input type="checkbox"/> Custodial Assault | <input type="checkbox"/> First Degree Burglary |
| <input type="checkbox"/> First, Second, or Third Degree Assault of a Child | <input type="checkbox"/> Aggravated Murder |
| <input type="checkbox"/> First, Second, or Third Degree Assault | <input type="checkbox"/> First or Second Degree Murder |
| <input type="checkbox"/> Simple Assault | <input type="checkbox"/> First or Second Degree Extortion |
| <input type="checkbox"/> First or Second Degree Custodial Interference | <input type="checkbox"/> First or Second Degree Kidnapping |
| <input type="checkbox"/> Incest | <input type="checkbox"/> First or Second Degree Manslaughter |
| <input type="checkbox"/> First, Second, or Third Degree Rape of a Child | <input type="checkbox"/> First, Second, or Third Degree Rape |
| <input type="checkbox"/> Child Abandonment | <input type="checkbox"/> First or Second Degree Robbery |
| <input type="checkbox"/> Child Abuse or Neglect as Defined in RCW 26.44.020 | <input type="checkbox"/> Indecent Liberties |
| <input type="checkbox"/> Violation of a Child Abuse Restraining Order | <input type="checkbox"/> Felony Indecent Exposure |
| <input type="checkbox"/> Child Buying or Selling | <input type="checkbox"/> Vehicular Homicide |
| <input type="checkbox"/> First or Second Degree Custodial Sexual Misconduct | <input type="checkbox"/> Unlawful Imprisonment |
| <input type="checkbox"/> First, Second, or Third Degree Child Molestation | <input type="checkbox"/> Malicious Harassment |
| <input type="checkbox"/> First or Second Degree Sexual Misconduct with Minor(s) | <input type="checkbox"/> Criminal Abandonment |
| <input type="checkbox"/> Patronizing a Juvenile Prostitute | <input type="checkbox"/> First or Second Degree Criminal Mistreatment |
| <input type="checkbox"/> Selling or Distributing Erotic Material to Minor(s) | <input type="checkbox"/> Promoting Pornography |
| <input type="checkbox"/> Sexual Exploitation of Minor(s) | <input type="checkbox"/> First Degree Promoting Prostitution |
| <input type="checkbox"/> Communication with a Minor for Immoral Purposes | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> First Degree Arson | |

CHECK HERE IF YOU HAVE NOT BEEN CONVICTED OF ANY OF THE ABOVE, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED.

2. Check any of the following if you have ever been convicted of these crimes relating to financial exploitation where the victim was a vulnerable adult *(defined as adults of any age who lack the functional, mental, or physical ability to care for themselves).*

- First, Second, or Third Degree Extortion
- First, Second, or Third Degree Theft
- First, Second, or Third Degree Robbery
- Forgery
- Any of the foregoing crimes as they may have been renamed

CHECK HERE IF YOU HAVE NOT BEEN CONVICTED OF ANY OF THE ABOVE, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED.

IF YOU CHECKED ANY OF THE BOXES IN QUESTIONS 1 AND 2, INDICATING THAT YOU HAVE BEEN CONVICTED OF A CRIME (AS LISTED OR RENAMED), PLEASE ATTACH AN EXPLANATION.

¹ All prospective employees who will or may have unsupervised access to children under 16 years of age, developmentally disabled persons, and/or vulnerable adults are "applicants".

3. Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance?
 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 any minor or developmentally disabled person, or to have abused or financially exploited any vulnerable adult? (*"Disciplinary board final decision" means (a) any final decision by the director of the Department of Licensing for real estate brokers and salespersons or (b) any final decision by a disciplinary authority under Chapter 18.130 RCW of the secretary of the Department of Health for the following businesses or professions: chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, and psychology*).
 YES NO
7. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?
 YES NO
8. Are you presently charged with, but not convicted of, any of the crimes or offenses described in Questions 1 through 7 above?
 YES NO

IF YOU ANSWERED YES TO ANY QUESTIONS 3 THROUGH 8, PLEASE ATTACH AN EXPLANATION.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature of Applicant/Volunteer

Date

An inquiry may be made to the Washington State Patrol or a federal law enforcement agency to verify your responses to the above inquiries. A copy of any response received pursuant to such inquiry will be made available to you.