



# VOLUNTEER FORM

## for parent/legal guardian

Welcome,

Thank you for your interest in volunteering! We ask all volunteers to fill out the attached volunteer forms. District policy requires that anyone volunteering in any area must complete all three (3) pages of this form and provide a copy of their current identification. **Once approved, you will remain “approved” for the current school year only (September to June).** To avoid a lapse in approval time, we ask that all volunteers complete this paperwork at the beginning of each school year.

**There are many areas of service available to approved Edison volunteers:**

- Book Fair
- Booster Club Help
- Classrooms
- Family Involvement Events
- Field Day
- Field Trips
- Fundraisers
- Health Screening Day
- Library
- Musical Productions
- Picture Day
- School BBQ
- Uniform Help



**Please attach a color copy of your photo identification to your completed form in to the main office.** Carefully fill out all 3 pages of the form. Missing information causes delays. To process your request, a **COLOR** copy of your photo identification is required. Our office staff will be happy to copy your identification for processing.

**Processing may take up to 2 weeks depending on volume.**

Thank you for your cooperation and attention to this important screening process to ensure the protection of our Edison Eagles!

**Please start by completing the below portion and completing the rest of this packet:**

Student name(s): \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent name: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Parent/Legal Guardian Volunteer Form

(If students are enrolled in Tacoma Public Schools.)

**By completing this registration form, you will be a registered volunteer at each of your children's schools listed to the left. Please type or print clearly. Please complete front and back of this form and the Washington State Patrol form. No nicknames or abbreviations, please.**

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Address: \_\_\_\_\_  
(Street) (Apt. #)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_  
(Home) (Work)

Date of Birth: \_\_\_\_\_ (Required)  
(Month) (Day) (Year)

High School:

\_\_\_\_\_

(School)

\_\_\_\_\_

(Student's Name)

\_\_\_\_\_

(School)

\_\_\_\_\_

(Student's Name)

Middle School:

\_\_\_\_\_

(School)

\_\_\_\_\_

(Student's Name)

\_\_\_\_\_

(School)

\_\_\_\_\_

(Student's Name)

Elementary School:

\_\_\_\_\_

(School)

\_\_\_\_\_

(Student's Name)

\_\_\_\_\_

(School)

\_\_\_\_\_

(Student's Name)

\_\_\_\_\_

(School)

\_\_\_\_\_

(Student's Name)

**Please return the completed forms to your school's volunteer coordinator.**

**How would you like to help? (Check all that apply.)**

Tutoring:

- Reading (one-to-one)       Reading (small groups)       Math       Computers  
 WERLIN team reader       Other (Specify) \_\_\_\_\_

Special Education:

- Classroom Assistant       Resource Room

Resource Help:

- Art Docent       Drama       Enrichment  
 Foreign Language (Specify) \_\_\_\_\_

Specific Area:

- Classroom Assistant       Coaching Assistant       Field Trips  
 Health Screening       Library       Serve on a committee  
 Special Activity \_\_\_\_\_

Grade Level Preferred:

- Preschool       Kindergarten       Elementary  
 Middle School       High School       No Preference

Day(s) Willing to Volunteer:

- Monday       Tuesday       Wednesday       Thursday       Friday

Hours Willing to Volunteer:

- Morning (Times: \_\_\_\_\_)       Afternoon (Times: \_\_\_\_\_)  
 After School (Times: \_\_\_\_\_)

In case of emergency, please notify: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you able to perform the function of your volunteer assignment without special accommodations?  Yes  No  
If no, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

**To be completed by School Volunteer Coordinator or staff member:**

I have seen this volunteer's picture identification and the name & date of birth listed above are correct.

School \_\_\_\_\_ Volunteer Coordinator \_\_\_\_\_

# Applicant Disclosure Form

## Pursuant to Chapter 43.43 RCW

Your volunteer interview form and Washington State Patrol clearance are valid for two (2) years from the date stamped on your last clearance.

**PLEASE ANSWER YES OR NO TO EACH QUESTION AND SIGN THE FORM. Your volunteer registration cannot be completed without this form.**

1. Have you ever been convicted of any crimes against persons listed below or any of these crimes as they may be renamed in the future? If the answer is "yes" to any item, briefly explain below including the date and the court involved.

- Yes     No    Arson ( 1st degree)
- Yes     No    Assault (Simple)
- Yes     No    Assault (1st, 2nd, or 3rd degree)
- Yes     No    Burglary (1st degree)
- Yes     No    Child abuse/neglect (defined by RCW 26.44020)
- Yes     No    Child molestation (1st, 2nd or 3rd degree)
- Yes     No    Child buying or selling
- Yes     No    Child abandonment
- Yes     No    Child abuse (violating restraining order)
- Yes     No    Communication with a minor
- Yes     No    Criminal mistreatment (1st or 2nd degree)
- Yes     No    Custodial assault
- Yes     No    Custodial interference (1st or 2nd degree)
- Yes     No    Extortion (1st or 2nd degree)
- Yes     No    Felony – indecent exposure
- Yes     No    Incest
- Yes     No    Indecent liberties
- Yes     No    Kidnapping (1st or 2nd degree)
- Yes     No    Malicious harassment
- Yes     No    Manslaughter ( 1st, 2nd or 3rd degree)
- Yes     No    Murder (aggravated)
- Yes     No    Murder (1st, 2nd, or 3rd degree)
- Yes     No    Patronizing a juvenile prostitute
- Yes     No    Promoting pornography
- Yes     No    Promoting prostitution
- Yes     No    Prostitution
- Yes     No    Rape of a child (1st, 2nd or 3rd degree)
- Yes     No    Rape (1st or 2nd degree)
- Yes     No    Robbery (1st or 2nd degree)
- Yes     No    Selling or distributing erotic material to a minor
- Yes     No    Sexual exploitation of minors
- Yes     No    Sexual misconduct with a minor (1st or 2nd degree)
- Yes     No    Unlawful imprisonment
- Yes     No    Vehicular homicide

Explanation, if needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Have you been convicted of crimes relating to financial exploitation of a vulnerable adult? (Crimes relating to financial exploitation include conviction for 1st, 2nd or 3rd degree extortion; 1st, 2nd, or 3rd degree theft; 1st or 2nd degree robbery, forgery or as renamed. A vulnerable adult is a person 60 years of age or older who has the functional, mental or physical inability to care of himself/herself or is a patient in a state hospital as defined in Chapter 72.23 RCW.)

Yes                       No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

3. Have you been found in any dependency action under RCW 13.34.040 or found in a Court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor?

Yes                       No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

4. Have you been found by a Court in a protection proceeding under Chapter 74.34 RCW or any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person OR to have abused or financially exploited a vulnerable adult?

Or under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

Yes                       No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

5. Within the past ten (10) years, have you been convicted of ANY offense or placed on deferred sentence for ANY offense?

Yes                       No

If yes, explain nature of crime, date and place: \_\_\_\_\_

\_\_\_\_\_

6. Within the past ten (10) years, have you been released from jail, prison, probation or a work release program?

Yes                       No

If yes, explain nature of crime, date and place: \_\_\_\_\_

\_\_\_\_\_

**PLEASE READ & SIGN BELOW:**

I have read the information contained herein and pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I authorize Tacoma School District #10 to make such investigations and inquiries as may be necessary in arriving at a volunteer assignment decision. I hereby release Tacoma School District #10 and its employees from all liability in responding to inquiries in connection with my volunteer application. In the event of a volunteer assignment, I understand that any offer of volunteer placement is contingent upon an acceptable outcome of the criminal history check. I agree that the District may, at its discretion, preclude me from volunteer service if, among other reasons, I provide misleading or incomplete statements. I understand that I am required to abide by all policies, procedures and regulations of the Tacoma School District #10.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

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

REQUESTING AGENCY/ADDRESS

Volunteer/Tacoma Public Schools

Age

Edison Volunteer Coordinator

Age

5830 South Pine St

Add

Tacoma, WA 98409

City

(253) 571-1700

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

Authorized Signature

Date

Volunteer Coordinator

Title

Area Code/Phone Number

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 — \$10
- Adoptive Parent — \$10

Fees: Make payable to Washington State Patrol by cashier's check, money order or business account

**NO FEE FOR TACOMA SCHOOL DISTRICT VOLUNTEERS. DO NOT MAIL TO WASHINGTON STATE PATROL.**

APPLICANT/VOLUNTEER OF INQUIRY (Please provide as much information as possible. Name & date of birth are mandatory.)

Applicant/Volunteer's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's Lic. Number/State: \_\_\_\_\_ / \_\_\_\_\_

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

IDENTIFICATION DECLARING NO EVIDENCE  
WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below shows no evidence  
Pursuant to RCW 43.43.830 through 43.43.845.

Volunteer/Tacoma Public Schools

Requesting Agency

Applicant/Volunteer's Signature

Applicant/Volunteer's Name

Address

City/State/Zip

TPS Use Only

Applicant Right Thumb Print

**Not Required**

3000-240-430 (09-01)

COMPLETE BOTH