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)

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:_______________)

   ________________________________ 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

Please return the completed forms to your school’s 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

Pursuant to RCW 43.43.830 through 43.43.845.

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

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