Student Volunteer Form

By completing this registration form, you are applying to be a registered volunteer in Tacoma Public Schools. 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)   (Other)

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

Days willing to volunteer:
      □ Monday  □ Tuesday  □ Wednesday  □ Thursday  □ Friday

Hours Willing to Volunteer:
      □ Morning (Time: ___________)
      □ Afternoon (Time: ___________)

      □ After school (Time: ___________)

In case of emergency, please notify: _____________________________ Telephone: _________________

Are you able to perform the function of your volunteer assignment without special accommodations?
      □ Yes  □ No

If yes, please explain: ________________________________________________________________

_____________________________________________________________________________________

What school do you attend?
__________________________________________

If you are under the age of eighteen (18), you must have your parent/legal guardian complete the following:

Parent Permission Slip

My child, ___________________________ has my permission to participate in the volunteer registration process of Tacoma School District #10. This includes a Washington State Patrol Request for Criminal History.

__________________________________________

Please print parent’s name ___________________________

Parent signature ____________________________

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

To be completed by school’s volunteer coordinator or staff member: (This form cannot be processed without the signature below.)

I have seen this volunteer’s picture identification and the name and 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 posted 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? 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

Explaination, if needed: _______________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

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 (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 (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 __________________________________________
REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845

REQUESTING AGENCY/ADDRESS

Volunteer Services/Tacoma Public Schools
Agency
___________________________________________________________
Attention
___________________________________________________________
Address
___________________________________________________________
City/State/Zip

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: __________________________ / __________________________

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 Services/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