

# 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) Email: \_\_\_\_\_  
(Month) (Day) (Year)

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.**

### *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: \_\_\_\_\_

**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

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 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.**

**Complete this section.**

**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: \_\_\_\_\_ / \_\_\_\_\_

**Complete this section.**

### 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

3000-240-430 (09:01)

**TPS Use Only**

Applicant Right Thumb Print

**Not Required**