

School _____

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

School Year
 2006 – 2007
 2007 – 2008

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

A REQUESTING AGENCY/ADDRESS

Vancouver School District #37

Agency
Community Partnerships Office

Attn
P.O. Box 8937

Address
Vancouver, WA 98668 -8937
City/State/Zip

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

Authorized Signature _____ Date _____

Community Partnerships 360-313-4720
Title Area Code/Phone Number

B 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.

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

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____
(Optional)

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

IDENTIFICATION DECLARING NO EVIDENCE

D 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.

Vancouver School District #37

Requesting Agency _____

Applicant's Signature _____

Print Name _____

Address _____

City/State/Zip _____

Daytime Phone _____

Name of child(ren) If applicable _____

3000-240-430 (09/01)

WSP Use Only

Valid Two Years From Issue

Applicant Right Thumb Print (Optional)

VOLUNTEER DISCLOSURE STATEMENT

To be a volunteer in the Vancouver School District, you must complete this Disclosure Statement per Revised Code of Washington - RCW 43.43.830, RCW 43.43.832 and RCW 9.96A.020. This information will be used only in making the initial decision of whether you are eligible to volunteer and will not be used or disseminated for any other purpose.

We will request your information to obtain a report of your record of any criminal convictions for felony offenses within the last ten (10) years as well as any offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions from the Washington State Patrol criminal identification system (see attached form). **ANY VOLUNTEER WORK WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.**

Have you ever been convicted of any of the following crimes against children or other persons?

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated murder	<input type="checkbox"/>	<input type="checkbox"/>	Felony indecent exposure
<input type="checkbox"/>	<input type="checkbox"/>	First of Second degree murder	<input type="checkbox"/>	<input type="checkbox"/>	First degree promoting prostitution
<input type="checkbox"/>	<input type="checkbox"/>	First of Second degree Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	Communication with a minor for immoral purposes
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree assault	<input type="checkbox"/>	<input type="checkbox"/>	First degree arson
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree rape	<input type="checkbox"/>	<input type="checkbox"/>	First degree burglary
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree rape of a child	<input type="checkbox"/>	<input type="checkbox"/>	Indecent liberties
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree robbery	<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Vehicular homicide
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree criminal mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	Simple assault
<input type="checkbox"/>	<input type="checkbox"/>	Child abuse or neglect as defined in RCW 26.44.020	<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation of minors
<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic material to a minor	<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	Custodial assault	<input type="checkbox"/>	<input type="checkbox"/>	Malicious harassment
<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling	<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree child molestation
<input type="checkbox"/>	<input type="checkbox"/>	Promoting pornography	<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree sexual misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree assault of a child	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a juvenile prostitute
<input type="checkbox"/>	<input type="checkbox"/>	Child abandonment	<input type="checkbox"/>	<input type="checkbox"/>	Violation of child abuse restraining order
<input type="checkbox"/>	<input type="checkbox"/>	Prostitution	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been renamed

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed. If the conviction has been the subject of an expungement, pardon, annulment, or certificate of rehabilitation please so specify:

Have you ever been convicted of any of the following crimes relating to financial exploitation of a person 60 years of age or older, who has a functional, mental or physical inability to care for himself or herself or is a patient in a state hospital?

YES	NO		YES	NO	
()	()	First, Second or Third degree extortion	()	()	Forgery
()	()	First or Second degree robbery	()	()	Or any of these crimes as they may have
()	()	First, second or Third degree theft			been renamed

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed. If the conviction has been the subject of an expungement, pardon, annulment, or certificate of rehabilitation, please so specify:

1. 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 ()
2. 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 ()
3. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person?
YES () NO ()
4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years of age or older who has a functional, mental or physical inability to care for himself or herself or who is a patient in a state hospital?
YES () NO ()
5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 to have abused or financially exploited a person 60 years of age or older who has a functional, mental or physical inability to care for himself or herself or who is a patient in a state hospital?
YES () NO ()
6. Have you ever been convicted of crimes related to drugs, including, but not limited to manufacture, delivery or possession with intent to manufacture or deliver a controlled substance?
YES () NO ()
7. Have you, within the last ten (10) years, been convicted of any felony other than those crimes described above?
YES () NO ()

If your answer is "yes" to any of the questions above, please describe and provide the date(s) if the finding(s) and the penalty(ies) imposed.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am eligible to volunteer, I can be discharged for any misrepresentations or omissions in the above statement. I also understand that if I am eligible to volunteer in a building then my eligibility is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signature: _____

Date: _____

Name (print): _____

VOLUNTEER EXPECTATION AGREEMENT

Thank you for your interest in volunteering in Vancouver School District. This information is provided for your safety as well as for the protection of the children you will be working with. Please review it carefully and ask any questions that may arise. We want the time you spend volunteering in a Vancouver school to be a positive experience for all.

Relationships For the protection of all, the relationship between you and any student you become acquainted with through volunteering in the Vancouver School District must be kept appropriate at all times. Continuing your volunteer relationship through out-of-school contact, such as phone calls, home visits, or invitations to your home, social events, office, vehicle, or activities is not permitted without a specific directive from a teacher and/or prior written parental permission. This prohibition, of course, would not restrict out-of-school contact with students who are family friends or known to you through other community contacts.

Appropriate Touching Handshakes, “high five’s”, an arm or hug around a shoulder or a hug are the only safe and friendly ways to touch a child when you are volunteering. For some children, or for some cultures, even these gestures may be unwelcome. No child should be subject to unwelcome touching no matter how well intended. If a child ever inappropriately touches you, please inform a staff member right away.

Communication You are a role model. Your conversation with students and staff should demonstrate respect for others and avoid language that may be perceived as discriminatory, profane, sexist, or offensive. No student or staff person should ever be treated differently, spoken to disrespectfully or denied services on the basis of race, religion, disability, age, national origin or marital status. In addition, school personnel or volunteers can not encourage or promote religious beliefs by class activities, comments or invitations to their place of worship.

Confidentiality As a volunteer, you must respect and maintain confidentiality in regard to personal information obtained regarding a child or his/her family with certain exceptions. Reasonable suspicion of abuse, neglect, sexual harassment, illegal or dangerous activities should be shared with staff. Be assured they will follow up on the information.

Discipline Any discipline of a student should be left up to a staff member. Physical punishment is never permitted.

School Safety Plan In the event of an emergency while you are on site (fire, earthquake etc.) you need to be familiar with the Safety Plan of the building you volunteer in. Each school will provide their Safety Plan to volunteers at orientation & training sessions.

Check In/Out All visitors, including volunteers, are required to sign in at the main office in the school and wear an identification badge while on campus.

Volunteer Orientation & Training All volunteers will receive orientation to general building procedures, including an understanding of school policies, rules, and expectations; a tour of the campus; and instructions on what to do in the event of an emergency while you are on site. Specific training for the program you will be working in and instructions on how you will communicate with the assigned staff member should also be provided.

I have read and understand the above expectations:

Volunteer’s Name (please print)

Signature

Phone

Volunteer Coordinator’s Signature

School

Date