

# 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, the Washington State Patrol form, and COVID-19 form. No nicknames or abbreviations, please. Please attach a copy of your drivers license or valid ID and proof of full vaccination against COVID-19.

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)

**Please return the completed forms to Your school's Volunteer coordinator**

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

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

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

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

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

Email: \_\_\_\_\_

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

Tutoring:

- Reading (one-to-one)  Reading (small group)  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  Fieldtrip  
 Health Screening  Library  Serve on a committee

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 ID and the name & date of birth listed above are correct. Yes  No

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

# Application Disclosure For Pursuant Chapter 43.43.RCW

Your volunteer interview form and Washington State Patrol clearance are valid for one (1) year 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?

- Yes  No Arson (1<sup>st</sup> degree)
- Yes  No Assault (Simple)
- Yes  No Assault (1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> degree)
- Yes  No Burglary (1<sup>st</sup> degree)
- Yes  No Child abuse/neglect (defined by RWC 26.44020)
- 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 (1<sup>st</sup> or 2<sup>nd</sup> degree)
- Yes  No Custodial assault
- Yes  No Custodial interference (1<sup>st</sup> or 2<sup>nd</sup> degree)
- Yes  No Extortion (1<sup>st</sup> or 2<sup>nd</sup> degree)
- Yes  No Felony – indecent exposure
- Yes  No Incest
- Yes  No Indecent liberties
- Yes  No Kidnapping (1<sup>st</sup> or 2<sup>nd</sup> degree)
- Yes  No Malicious harassment
- Yes  No Manslaughter (1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> degree)
- Yes  No Murder (1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> degree)
- Yes  No Patronizing a juvenile prostitute
- Yes  No Promoting pornography
- Yes  No Promoting prostitution
- Yes  No Prostitution
- Yes  No Rape of a child (1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> degree)
- Yes  No Rape (1<sup>st</sup> or 2<sup>nd</sup> degree)
- Yes  No Robbery (1<sup>st</sup> or 2<sup>nd</sup> degree)
- Yes  No Selling or distribution erotic material to a minor
- Yes  No Sexual exploitation of minors
- Yes  No Sexual misconduct with a minor (1<sup>st</sup> or 2<sup>nd</sup> 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 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>d</sup> degree exploitation; 1<sup>st</sup> 2<sup>nd</sup>, or 3<sup>rd</sup> degree theft; 1<sup>st</sup> or 2<sup>nd</sup> 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 relation proceeding under Title 126 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 (ten) 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 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 reason, 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  
 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/Organizations - \$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.**

**APPLICATION/VOLUNTEER OF INQUIRY** (Please provide as much information as possible. Name & Date of birth are mandatory)

Application/Volunteer's \_\_\_\_\_  
 Last First Middle  
 Alisa/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 \_\_\_\_\_  
 Applicant/Volunteer's Signature \_\_\_\_\_  
 Applicant/Volunteer's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

TPS Use Only

[Empty box for Applicant Right Thumb Print]

Applicant Right Thumb Print

[Empty box with **Not Required** text]

Complete this section.

Complete this section.



## Proof of full vaccination against COVID-19

In accordance with Governor Inslee’s Proclamation 21-14.1, **all school volunteers** are required to be fully vaccinated by October 18, 2021 and show proof of full vaccination as a condition for working on site with staff and students.

### Full Vaccination Definition

Individuals are fully vaccinated against COVID-19 two-weeks after their second dose in a two-dose vaccine, such as Pfizer and Moderna, or two-weeks after a single-dose vaccine, such as Johnson & Johnson.

All volunteers are required to be fully vaccinated prior to volunteering in a school or district building.

### Proof of Full Vaccination

Acceptable [forms of proof](#) include:

- Photo or photocopy of the employee’s CDC COVID-19 vaccination record card.
- Documentation of vaccination from a health care provider or electronic health record.
- State immunization information system record form at <https://wa.myir.net/>.

### Exemption/Accommodation

All medical or religious exemptions must have an accommodation on file with Human Resources. To request an accommodation, please contact the Human Resources department at 253-571-1250.

### Please select the statement below that accurately describes your vaccination status:

- I am fully vaccinated and am providing proof of vaccination with my volunteer application.
- I have not yet been vaccinated but intend to do so. I understand I am unable to work on site with staff and students until I have provided proof of vaccination.
- I am seeking an exemption to this requirement and will work with Human Resources to request an accommodation. I understand I am unable to work on site with staff and students until I have provided proof of an approved accommodation.

Volunteer Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To be completed by the school:

Dose 1 date: \_\_\_\_\_

Dose 2 date: \_\_\_\_\_

*OR*

HR approval date: \_\_\_\_\_

Note: Proof must be stored and secured on-site at the school.