



822 E. Mason Benson Rd.  
Grapeview, WA 98546  
Website: gsd54.org

Phone: 360.426.4921  
Phone: 360.275.4921  
Fax: 360.427.8975

Dear Volunteer,

Thank you for volunteering to work in your community's school. We depend upon you, our volunteers, to help make Grapeview School a special and supportive place to learn and grow. There are a few agreements that we would like to make clear to ensure a positive relationship between you and the school community, for the good of our students.

1. Sign in at the Office and wear a Volunteer Badge. This is vital for everyone's safety in the case of an emergency. We appreciate you staying in the area or wing of the building that the volunteer assignment is.
2. Younger brothers or sisters of students are not allowed to come into the school during your volunteer time. Please make other arrangements for siblings when you come in and volunteer in the classrooms or for specific activities. This is for the safety and benefit of all our students and their families.
3. We require that you maintain confidentiality both inside and outside of class. If parents ask you about a student's performance or behavior, please refer them to the teacher. It is inappropriate to discuss situations observed while acting as a volunteer. We also require that if you have a question about a specific child, you ask the teacher in confidence and privacy, not in the presence of students or parents.
4. Every child is unique and special in their own way with their own levels of skills and abilities. Each child grows and learns at his/her own pace. We are here to help them grow and learn in a nurturing environment. Please do not compare or make judgments on the abilities or skills of any child.
5. Clear and open communication is vital to our school's success. Every teacher makes decisions that are in the best interest of their class. If you have a concern with a decision, please address it with the teacher privately, at an appropriate time. Please do not discuss concerns with students, parents, or other staff members.
6. The school, and each classroom, has an established discipline policy. Please talk with the teacher to see how you can support our program. When issues arise concerning inappropriate student behavior, we encourage volunteers to check with the teacher for the appropriate action and to support students by encouraging them to make good choices and demonstrate appropriate behavior.
7. Respect, value, and celebrate the diversity of our students, staff, and school community. Each of our students has their own background and culture. The diversity of people, values, cultures, and beliefs is what makes such great experiences for all of us.
8. Please keep your committed times to volunteer. Our students thrive with consistency and structure and we count on the help of our volunteers. If you cannot make your scheduled



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time, please contact the front office 360-426-4921 to let us know as soon as you are able to.

9. WATCH D.O.G.S. (Dads Of Great Students) only: Our WATCH D.O.G.S. program is a fantastic way for Dads and Grandpas (any father figure) to be active in a unique way in our district. If you sign-up for the Watch D.O.G.S. program, the shifts are Tuesday through Friday from 10:30-1:00 and the responsibilities will involve recess and lunch participation and support.

Thank you for your support and joining our team to enrich the lives of our children. We value you!

Please sign and date below.

I have read the volunteer agreements, understand their purpose and agree to abide by them as a volunteer at Grapeview School.

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

WATCH D.O.G.S. \_\_\_\_\_

Academic Support Volunteer \_\_\_\_\_

Other Activity or Event \_\_\_\_\_

Signature \_\_\_\_\_

# 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

(Instructions on Reverse Side)

### A REQUESTING AGENCY/ADDRESS

Agency \_\_\_\_\_

Attn \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

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

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

### D 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.

Requesting Agency \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

WSP Use Only

Valid Two Years From Issue

Applicant Right Thumb Print (Optional)

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**FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL AT PHONE NUMBER: (360) 705-5100**

**EMAIL ADDRESS: [crimhis@wsp.wa.gov](mailto:crimhis@wsp.wa.gov)**

**Washington State Patrol WEBSITE: <http://www.wa.gov/wsp/>**

**CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES:**

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington state businesses, organizations or individuals. All other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

***1. Searches can be conducted only on prospective employees, volunteers or adoptive parents.***

Background checks can be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment or engagement decisions only.

**Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW 10.97**

***2. Applicants must be notified an inquiry may be made.***

A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, applying for a position as an employee or volunteer that an inquiry may be made.

***3. A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.***

A business or organization shall require each applicant to disclose whether the applicant has been:

- (a) convicted of any crime against children or other persons;
- (b) convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
- (c) convicted of crimes related to drugs as defined in RCW 43.43.830;
- (d) 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;
- (e) 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;
- (f) found in 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 any vulnerable adult;
- (g) found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

The disclosure shall be made in writing and signed by the applicant and sworn under penalty of perjury. The disclosure sheet shall specify all crimes against children or other persons, all crimes relating to drugs, and all crimes relating to financial exploitation as defined in RCW 43.43.830 in which the victim was a vulnerable adult.

***4. Applicants must be notified of the response.***

The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

**WASHINGTON STATE PATROL RESPONSE**

This identification certificate is the result of a request for criminal conviction record information from the Washington State Patrol Identification and Criminal History Section on a prospective applicant by a business or organization. Pursuant to the Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.845, if the conviction record, disciplinary board final decision, or civil adjudication record shows no evidence of a crime against children or other persons, an identification declaring the showing of no evidence shall be issued to the applicant.

APPLICANT DISCLOSURE FORM PURSUANT TO RCW 43.43.830

In accordance with RCW 43.43.830, applicants and perspective employees, substitutes and volunteers are required to complete this disclosure form. In addition, applicants who have been offered employment or volunteer assignments as outlined in said law, will be required to complete a REQUEST FOR CRIMINAL HISTORY form. These requests will be retained on the same conditional basis. The District will send a copy of the state Patrol's response to the employee/volunteer within ten days after receipt.

Please answer Yes or No to each item listed. If the answer is yes to any item, explain in the area provided, including the charge or findings, the date and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in RCW 43.43.830 and listed as follows: Aggravated murder; First, second or third degree murder; First, second, or third degree statutory rape; First or second degree robbery; First degree arson; First degree burglary; First or second degree manslaughter; First or second degree extortion; Incest; Vehicular Homicide; First degree promoting prostitution; Communication with a minor; Unlawful imprisonment; Simple assault; Sexual exploitation of minors; First or second degree criminal mistreatment; Child abuse or neglect as defined in RCW 26.44.020; First or second degree sexual misconduct with a minor; Patronizing a juvenile prostitute; Child abandonment; Promoting pornography; Selling or distributing erotic material to a minor; Custodial assault; Violation of child abuse restraining order; Child buying or selling; Prostitution; Felony indecent exposure; or any of these crimes as they may be renamed in the future?  
ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW.

2. Have you ever been found in any dependency action under RCW 13.34.030 (2) (b) to have sexually assaulted or exploited any minor or to have physically abused any minor?  
ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW.

3. 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?  
ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW

4. 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 or to have abused or financially exploited any vulnerable adult?  
ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW

5. Have you ever been found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult? ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW

PURSUANT TO RCW 9A72.085, I CERTIFY THAT UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

Applicant's Signature \_\_\_\_\_

Place Signed \_\_\_\_\_

Witnessed by (Signature) \_\_\_\_\_

INVESTIGATION CONSENT AND RELEASE OF LIABILITY FORM

I AUTHORIZE THE Grapeview School District to make any investigation of any personal educational, vocational, or employment history. I further authorize any former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the Grapeview School District with information they have regarding me. I hereby release and discharge the Grapeview School District and those who provide information from any and all liability as a result of furnishing this information.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Request Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Superintendent or Designee Signature