

Student Volunteer Form

(K-12 Students Only)

What school do you attend?

By completing this registration form, you will be a registered volunteer in Tacoma Public Schools. Please type or print clearly and complete all pages. No nicknames or abbreviations. Please attach a copy of your valid school ID.

Name: _____
(Last Name) (First Name) (Middle Name)

Address: _____
(Street) (Apt.#)

City: _____ State: _____ Zip Code: _____

Telephone: _____ (Home) Date of Birth: _____ (Month/Day/Year)

Student ID#: _____

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 Fieldtrip Library
 Health Screening

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 identification and the name & school listed above are correct. Yes No

Volunteer Coordinator's School

Volunteer Coordinator's Name (please print)



Please answer the following questions:

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

Parent Permission Slip

My child,

has my permission to participate in the volunteer application process for Tacoma School District #10.

Parent Name (print)

Parent Signature

Date

Please return the completed forms to your school/program volunteer coordinator.

Application Disclosure Form

Pursuant to Chapter 43.43.RCW

Your volunteer form and Washington State Patrol clearance are valid for **one school year from September to August** and must be renewed each school year. **Your volunteer registration cannot be completed without this form.**

PLEASE ANSWER YES OR NO TO EACH QUESTION AND SIGN THE 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 (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 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 (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 (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 distribution 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 exploitation; 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 relation 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 (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 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