



Please answer the following questions:

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/program volunteer coordinator.

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 and complete all pages, including the Washington State Patrol form. No nicknames or abbreviations. Please attach a copy of your driver's license or valid ID.

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
- 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 & date of birth listed above are correct. Yes No

School Volunteer Coordinator's Name (please print)

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 _____

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**

Applicants complete this section:

ADDITIONAL APPLICANT INFORMATION

(Please provide as much information as possible. Name & Date of Birth are mandatory.)

Applicant/Volunteer's Name: _____
Last First Middle

Alias/Maiden Name/Other Names Used: _____

Date of Birth: _____ Sex: _____ Race: _____

Driver's License#/State: _____ / _____

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

REQUESTING AGENCY: TPS

PURPOSE

- Educational School District
(ESD/School District Volunteer) – **no fee**
- Nonprofit Business Organization
(Excluding Schools & ESDs) – **no fee**
- Profit Business/Organizations - \$10
- Adoptive Parent - \$10

**NO FEE FOR TACOMA SCHOOL DISTRICT VOLUNTEERS.
DO NOT MAIL TO WASHINGTON STATE PATROL.**

For TPS Use Only

**IDENTIFICATION DECLARING NO EVIDENCE
WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**

I certify that this request is made pursuant to and for the **purpose** indicated, and, as of this date, the applicant named above shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

Signature - Volunteer Coordinator or TPS Staff

Print Name – Volunteer Coordinator or TPS Staff

Today's Date

Approved

Denied

3000-240-430