

White - Human Resources Copy

Yellow - Site Copy

## **BACKGROUND CHECK FORM**

This form must be completed before coaches, vendors, volunteers or parent volunteers work with our children. A copy of positive photo identification must be <u>attached</u> (driver's license, passport, etc.). The following information must be completed prior to a final agreement for employment or volunteer work at the Mercer Island School District. Please respond and sign the acknowledgement below that a **Washington State Patrol Background Inquiry** will be made.

Please P	PRINT your name: First	Middle		Last	
Data of					
Date of	birth (in the form <b>mm/dd/yyyy</b> ):	EIIIdII:			
Your ho	me address:				
Your home phone: Cell phone:					
Class or Activity: School(s)					
Please a	nswer the following questions. If you check	"yes" to any questions, ple	ase explain th	rough attachment.	
HAVE YO	OU BEEN:				
1.	Convicted of any crime against children or other persons?			No 🗖	Yes 🗖
2.	2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?				Yes 🗖
3.	3. Convicted of crimes related to drugs as defined in RCW 43.43.830?			No 🗖	Yes 🗖
4.	. Found in any dependency action under RCW 13.13.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?			No 🗖	Yes 🗖
5.	5. 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?			nally No 🗖	Yes 🗖
6.	5. 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?				Yes 🗖
7.	7. Found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?			ed No 🗖	Yes 🗖
Mercer	under penalty of perjury, that the informat Island School District authorities to make a V Mercer Island School District.	•		•	
Signed:		Date:			
(chec	k one)	Parent	Student	's Name	
Will this person have unsupervised access to children under 16 years of age? No WATCH WATCH			Yes 🗖	Yes 🗖	
Signed:_		Date:_			
	Principal/Administrator/Designee				

Watch Check

WSP/FBI