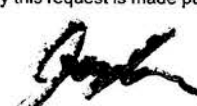


WASHINGTON STATE PATROL

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

<p>(A) REQUESTING AGENCY/ADDRESS</p> <p>South Whidbey School District</p> <p>Agency Jo Moccia</p> <p>Attn 5520 Maxwellton Road</p> <p>Address Langley, WA 98260</p> <p>City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p></p> <p>Authorized Signature _____ Date _____</p> <p>Superintendent (360) 221-6808 Title Area Code/Phone Number</p>	<p>(B) PURPOSE Check appropriate box</p> <p><input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
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(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

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

(D) WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

South Whidbey School District
Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

PLEASE SUBMIT IN PERSON TO SCHOOL SECRETARY WITH PHOTO ID



Application to Volunteer

Please use ink

Last Name _____ First _____ Middle _____

Mailing Address: _____

Home Phone # _____ Work Phone # _____ e-mail _____

I want to volunteer in the Elementary Middle High Alternative K-12

classroom sports/activities Tutor/Mentor Program

office/clerical health screens special projects field trip

Other _____

Please describe any special talents you have, or use this space to identify the kinds of activities you would enjoy doing as a volunteer in our schools.

Other languages I speak: _____

Emergency Information:

Contact person _____

Relationship to you _____ Telephone _____

Please describe any special medical conditions: _____

The South Whidbey School District #206, an Equal Opportunity Employer, does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, marital status, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. Protected groups are invited to apply. The following employees have been designated to handle questions and complaints of alleged discrimination: Affirmative Action/Title IX/RCW 28A.640/RCW 28A.642 compliance officer, Dan Poolman,, dpoolman@sw.wednet.edu, or Section 504/ADA coordinator, Dr. Jeff Fankhauser, jfankhauser@sw.wednet.edu, 5520 Maxwellton Road, Langley, WA 98260, 360-221-6100

Please return forms and present your photo identification to your school secretary. A copy of your photo ID will be kept with your application at the District Office at 5520 Maxwellton Road, Langley WA.

South Whidbey School District
Volunteer Confidentiality Statement

Thank you so much for volunteering to help in the South Whidbey School District. We appreciate you giving of your time and talent. Our students' safety is a priority to us and for that reason we require that volunteers sign a confidentiality and discrimination statement. Please sign and return this form prior to starting your volunteer position(s). Thank you.

I understand that information regarding students, families, staff and the organization may be confidential in nature and that as a volunteer for the South Whidbey School District I will adhere to the following:

1. Respect the confidential nature of any verbal or written communication I receive regarding students, families, staff, and the organization.
2. Keep personal information confidential at school and after I leave school.
3. Be discreet in any verbal communications by not discussing students, staff, or families in front of others.
4. Immediately report directly to the principal or site administrator any information disclosed to me concerning a child's safety.
5. Make reasonable efforts to assure that each student is protected from harassment or discrimination.
6. Not harass nor discriminate against any student, staff member, parent or volunteer on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability.
7. Not use any of the student/family/school/educational information for personal gain, monetary or otherwise.

I also understand that relationships developed with children at school should remain at school and that for the protection of both the student, staff and volunteer, volunteers should not be left alone with a child that is out of view of school personnel or another adult volunteer.

I understand that permission to communicate with a student outside the regular school day must be granted by the student's parent/guardian; the South Whidbey School District cannot and will not grant this permission.

Volunteer's Name (Please Print) _____

Volunteer's Signature _____

Date: _____

Volunteer Positions: _____

In order to protect our students and staff, South Whidbey School District requires all volunteers to complete the following disclosure.

Disclosure. Please answer yes or no to each of the following questions. If the answer to any question is "yes", please explain the situation in detail in the area provided, indicating the offense(s), the date(s) of the conviction(s), the name of the court(s), (e.g., Island, King, Etc. County Superior Court), and the sentence(s) imposed.

Yes No Have you ever been convicted of a crime? (The term "convicted" means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, or a stipulation to the facts. Exclude civil infractions, such as minor traffic citations.)

Yes No Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding? (Vulnerable adult means adults of any age who lack the functional, mental, or physical ability to care for themselves. Civil adjudicative proceeding includes judicial or administrative proceedings as well as findings by DSHS or the Department of Health that you have not administratively challenged or appealed.)

If you answered "yes" to any of these questions, please explain here or use another sheet of paper:

Please fill out the attached Washington State Patrol Form.

I hereby certify that:

- The information I have provided is true and correct and I give my permission for South Whidbey School District to perform a background check.
- I understand that as a volunteer, all information regarding students, families, staff and the organization is strictly confidential.
- I agree to work within the policies and procedures of the South Whidbey School District.

Signature of Volunteer _____ Date _____

Note to Volunteers regarding Immunization. We encourage all volunteers to be up to date on immunizations for measles, rubella, mumps and/or tetanus-diphtheria. Please be advised that, should an outbreak of one of a vaccine-preventable disease occur, you may be excluded by the Island County Health Officer from volunteering in the schools during the period of the outbreak.

The South Whidbey School District #206, an Equal Opportunity Employer, does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, marital status, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. Protected groups are invited to apply. The following employees have been designated to handle questions and complaints of alleged discrimination: Affirmative Action/Title IX/ RCW 28A.640 /RCW 28A.642 compliance officer, Dan Poolman,, dpoolman@sw.wednet.edu, or Section 504/ADA coordinator, Dr. Jeff Fankhauser, jfankhauser@sw.wednet.edu, 5520 Maxwellton Road, Langley, WA 98260, 360-221-6100

For District Use: _____ Date Application Was Received	Date Background Check Cleared
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SOUTH WHIDBEY SCHOOL DISTRICT**GUIDELINES FOR VOLUNTEER FIELD TRIP CHAPERONES****Thank You for Your Support**

The South Whidbey School District believes that field trips provide a valuable educational experience for students. Without the help of volunteer chaperones, many field trips would not be possible. Thank you very much for giving your time and support to these important activities. In order to help ensure that district sponsored field trips result in safe and rewarding experiences for all participants, we have prepared the following information about our procedures for volunteering as a field trip chaperone and the general guidelines for chaperone conduct.

In addition to these guidelines, you will receive an orientation on your role as a chaperone from the district staff member responsible for supervising your field trip. If you have any question regarding these procedures or guidelines, please contact this staff member or the building principal/program manager.

Procedure for Becoming a Volunteer Field Trip Chaperone

Because student safety is a paramount concern, Washington State law requires the district to conduct a criminal record background check on all school volunteers. To accomplish this, all volunteers must complete the following forms:

- District/Volunteer Disclosure Form
- Washington State Patrol Request for Criminal History Information
- In addition, if you will be transporting students in your personal vehicle:
 - District Volunteer Driver Checklist
 - Request for Drivers' Abstract from the Department of Motor Vehicles

The district also requires that volunteer chaperones must be at least 21 years old. If you have questions regarding the procedure for becoming a volunteer, you may also contact the district's Human Resources Department.

Guidelines for Volunteer Chaperones

Prior to your field trip, the supervising staff member will provide you with information regarding the activities planned for the trip, expectations for supervising students, emergency procedures, and any district policies relating to the field trip. In addition, we have developed the following general guidelines to help you perform your duties as a chaperone. If you have any questions regarding these guidelines, please contact the supervising staff member or the building principal/program manager.

1. Students must be supervised at all times while at district-sponsored events. Chaperones must be readily available, be mindful of safety concerns, and respond to students' needs.

2. Chaperones may not use, sell, provide, possess, or be under the influence of drugs or alcohol during a district sponsored event.
3. Chaperones are not permitted to possess any weapon during a district sponsored event.
4. Chaperones are not permitted to use tobacco in the presence of, or within the sight of students.
5. For the protection of both the student and the chaperone, chaperones should not place themselves in situations in which they are alone with a student.
6. Chaperones are not permitted to administer prescription or non-prescription medications to students.
7. Family members or friends of a chaperone may not participate in a district-sponsored field trip or event unless prior approval has been obtained from the building principal/program manager. Any field trip or event participant age 18 or older who is not a student in the district must complete all district forms required of adult volunteers.
8. While participating in a district-sponsored event, chaperones are expected to follow the directions given by the district's supervising staff member, comply with district policies, and work cooperatively with other staff and volunteers, and model appropriate behaviors for students.
9. Chaperones that transport students in their personal vehicle are expected to comply with all district and state student transportation rules and regulations. In particular, district policy requires that your personal insurance provides primary coverage in the event of an accident or injury.

We hope these guidelines help you understand the importance of role as a volunteer chaperone. If you have any questions about these procedures and guidelines, we urge you to discuss them with the supervising staff member for your field trip or the building principal/program manager. Again, thank you for your support of school activities. You are a necessary part of a successful and enjoyable school event!

I acknowledge that I have received a copy of the South Whidbey School District Guidelines for Volunteer Field Trip Chaperones, have read the guidelines, and agree to comply with the guidelines as a volunteer and with the South Whidbey School District.

Name: _____
(signature)

Date: _____

Name: _____
(printed name)