

CHIEF LESCHI SCHOOLS VOLUNTEER APPLICATION

Become a volunteer!

We are pleased you are interested in volunteering at Chief Leschi Schools. We appreciate volunteers who give their valuable time and knowledge to help our students grow and learn.

For consideration, you will need to complete the **Volunteer Application**. Please follow the steps below to submit your application.

- **Step 1** Complete pages 2-4 of the Volunteer Application. An email and phone number are required on your application for updates on your application status.
- **Step 2** Turn in your completed and signed application to the Elementary or Secondary front office during school hours. Your application will need to be signed by the school principal.

Must bring a valid photo ID when turning in your application.

- **Step 3** If volunteering for an event, return your completed application at least one week prior to the event to allow enough time for the background check to process.
- **Step 4** You will be notified via email once your application has been processed.

Questions? You may contact Ken Bill, Parent Involvement Specialist at 253-445-6000 extension 3023 or via email at Ken.Bill@leschischools.org. You may also contact the HR department at 253-445-5003.

Background Check: Our Human Resources department will perform a Washington State Patrol [WATCH] background check and a National Sex Offender Registry. Upon receipt of an acceptable background check, the CLS Human Resources will notify you via email. Please wait for the clearance email from HR before volunteering.

Once confirmed, you will need to coordinate with the building Principal on the day/time/event you like to volunteer on campus. Please check in at the building front office and follow the school's volunteer procedures.



CHIEF LESCHI SCHOOLS

VOLUNTEER APPLICATION

Volunteer Name:		Date of Birth:	
		C	City:
Stat	e: Zip	Code:	County:
Cell	Phone:	Email:	
Curr	ent Employer:	Occup	pation:
In ca	ase of an emergency notify:		Phone:
Doy	ou have child/children at Chief Leschi	Schools? Yes	□ No
If so	, what is your child/children's name an	d grades?	
Tea	cher's name?		
♦	·		If so, please specify the event and date(s) below, use list the teacher/s you would like to volunteer
◊	Would you like to volunteer in some other capacity? (example: Athletics, Culture)		
I ha	ve attached the following required doo	cuments: Valid P	Photo ID
		School Use Only	y
Vol	unteer Site/Building:		Date Cleared (HR):
Prir	ncipal Name:	Signature:	Date:
Background Check:		Signature:	Date:
Human Resources:		Signature:	Date:



CHIEF LESCHI SCHOOLS VOLUNTEER APPLICANT DISCLOSURE

In accordance with RCW 43.43.830, applicants and perspective volunteers are required to complete this disclosure form. Please identify all states, countries, or territories that you have resided in over the last 5 years. Include the dates that you lived in these locations. Answer YES or NO to each item listed below. IMPORTANT: If the answer is YES to any of the questions below, use the space provided on the next page to indicate the nature of the charge or finding, the dates, place and courts involved. 1. Have you ever been convicted of a crime? ☐ Yes □ No 2. Have you ever been convicted of any of crimes against persons as defined in RCW 43.43.830 and listed as follows. ☐ Yes ☐ No Aggravated murder ☐ Yes ☐ No First, second, or third-degree murder, assault, rape, statutory rape, child molestation. ☐ Yes ☐ No First or second-degree kidnapping, robbery, manslaughter, extortion, criminal mistreatment, custodial interference, sexual misconduct with a minor. ☐ Yes ☐ No First degree arson, burglary, promoting prostitution; ☐ Yes ☐ No Indecent liberties, incest, vehicular homicide, communication with a minor, unlawful imprisonment; simple assault; sexual exploitation of minors; child abuse or neglect as defined in RCW 26.44.020; malicious harassment; 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 bullying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future. 3. Have you ever been arrested, found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, sexual contact or prostitution; Crimes against persons; or offenses committed against children? ☐ Yes ☐ No

•	or exploited any minor of	dependency action under RCW 13.34.0 or to have physically abused any minor?	20 (2b) to have sexually
□ res	□ NO		
•	•	ourt in a domestic relation proceeding inor or to have physically abused any mi	
☐ Yes	□ No		
•	ver been found in any c or to have physically abu	lisciplinary board final decision to have used any minor?	sexually abused or exploited
☐ Yes	□ No		
	you answered <u>YES</u> to a nding, the dates, place a	ny of the questions above, use this spac and courts involved.	e to indicate the nature of
NVESTIGATION	CONCENT, RELEASE OF L	IABILITY AND AGREEMENT FORM	
	to RCW 9A72.085, I cer foregoing is true and cor	tify under penalty of perjury under the larrect.	aws of the State of Washington
employn vocation regardin	nent history. I further au al institution or governm	to make any investigation of any perso thorize any former employer, person, finent agency to provide Chief Leschi Schond discharge Chief Leschi and those whhis information.	rm, corporation, educational or ols with information they have
VOLUNT	EER PRINT NAME	VOLUNTEER SIGNATURE	DATE

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

	B PURPOSE (Check appropriate box)
Agency	☐ Educational School District (ESD)/School District Volunteer (No Fee)
Attn:	☐ Non-Profit Business/Organization – (Excluding Schools & EDS's
Address	(No Fee)
City/State/Zip	☐ Profit Business/Organization – (Fee \$10)
I certify that this request is made pursuant to and for the purpose indicated.	☐ Adoptive Parent- (Fee \$10)
Authorized Signature Date	Fees: Cashier's Check, Money Order, or Business Account
	Make payable to: Washington State Patrol
Alias/Adaidan Nama/a).	
Date of Birth: Sex:	Race:
Date of Birth: Sex:	Race:
Date of Birth: Sex:	
Date of Birth: Sex: Sex: Driver	Race:
Date of Birth: Sex:	r's License Number State
Date of Birth: Sex: Month/Day/Year Social Security Number: Driver Secondary discrimination of this criminal history record information of the criminal history record informat	r's License Number State ation response is prohibited unless in compliance with RCW 10.97.050
Date of Birth: Sex: Month/Day/Year Social Security Number: Driver Secondary discrimination of this criminal history record information of the criminal history record informat	r's License Number State ation response is prohibited unless in compliance with RCW 10.97.050 ON & CRIMINAL HISTORY SECTION
Date of Birth: Sex: Driver Social Security Number: Driver Secondary discrimination of this criminal history record information of the criminal history record information DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION	r's License Number State ation response is prohibited unless in compliance with RCW 10.97.050 ON & CRIMINAL HISTORY SECTION ALLY Pursuant to RCW 43.43.830 through 43.43.845 WSP USE ONLY
Date of Birth: Sex: Month/Day/Year Social Security Number: Driver Secondary discrimination of this criminal history record information of this criminal history record information DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION As of this date the applicant named below shows no evidence WSP USE ON	r's License Number State ation response is prohibited unless in compliance with RCW 10.97.050 ON & CRIMINAL HISTORY SECTION ALY Pursuant to RCW 43.43.830 through 43.43.845 WSP USE ONLY
Date of Birth: Sex: Driver Social Security Number: Driver Secondary discrimination of this criminal history record informs DIENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION As of this date the applicant named below shows no evidence WSP USE ON Requesting Agency Applicant's Signature	Race:
Date of Birth:	Race:
Date of Birth: Sex: Driver Social Security Number: Driver Secondary discrimination of this criminal history record information of this criminal history record information of this criminal history record information DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION As of this date the applicant named below shows no evidence WSP USE ON Requesting Agency Applicant's Signature	Race: