



822 E. Mason Benson Rd.
Grapeview, WA 98546
Website: gsd54.org

Phone: 360.426.4921
Phone: 360.275.4921
Fax: 360.427.8975

Dear Wonderful Grapeview Volunteers,

As we begin this new and exciting year, we want to continue to strive for excellence in providing the best educational experience for our students. We want to express our heartfelt appreciation for all the parents and community volunteers who have generously dedicated their time and energy to support our school. Please reach out with questions or concerns to our Volunteer Coordinator, Coni Severance, cseverance@gsd54.org, or our Principal, Cindy Breeze, cbreeze@gsd54.org.

1. Complete the Washington State Background check and receive approval every two years.
2. Sign in at the office and wear a Volunteer Badge. This is vital for everyone's safety in the case of an emergency. We appreciate you staying in the area or wing of the building where the volunteer assignment is.
3. Younger brothers or sisters of students are not allowed to come into the school during your volunteer time. Please make other arrangements for siblings when you come in and volunteer in the classrooms or for specific activities. This is for the safety and benefit of all our students and their families.
4. We require that you maintain confidentiality both inside and outside of class. If parents ask you about a student's performance or behavior, please refer them to the teacher. It is inappropriate to discuss situations observed while acting as a volunteer. We also require that if you have a question about a specific child, you ask the teacher in confidence and privacy, not in the presence of students or parents.
5. Every child is unique and special in their own way, with their own levels of skills and abilities. Each child grows and learns at his/her own pace. We are here to help them grow and learn in a nurturing environment. Please do not compare or make judgments on the abilities or skills of any child.
6. Clear and open communication is vital to our school's success. Every teacher makes decisions that are in the best interest of their class. If you have a concern with a decision, please address it with the teacher privately, at an appropriate time. Please do not discuss concerns with students, parents, or other staff members.
7. The school and each classroom have an established discipline policy. Please talk with the teacher to see how you can support our program.
8. Respect, value, and celebrate the diversity of our students, staff, and school community. Each of our students has their own background and culture. The diversity of people, values, cultures, and beliefs is what makes such great experiences for all of us.
9. Please keep your committed times to volunteer. Our students thrive with consistency and structure, and we count on the help of our volunteers. If you cannot make your scheduled time, please contact the front office at 360-426-4921 or email cseverance@gsd54.org to let us know as soon as you are able to.



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Volunteer Opportunities

Library Reading Volunteer Program: Our library reading program between 9:00 and 10:00. This program provides students with valuable opportunities to engage in reading activities, fostering a love for literacy and expanding their knowledge through literature. Your presence in the library during these hours will greatly contribute to enhancing our students' reading skills and overall academic growth. Please contact me if this is something you are interested in signing up for.

WATCH D.O.G.S. (Dads of Great Students) Program: Our WATCH DOGS Program encourages dads or father figures to participate in our recess and lunch time throughout the school year and supports students in cooperatively and peacefully interacting and problem-solving. Please contact us if this is something you are interested in signing up for.

Classroom Volunteer Opportunities: Alternatively, we encourage parents to pre-schedule and arrange time in the classroom with their child's teacher. By volunteering in the classroom, you will have the chance to actively participate in educational activities, assist teachers with various tasks, and engage directly with students, creating a supportive learning environment that nurtures their intellectual curiosity and academic development. The volunteer time in the classroom is at the discretion of the teacher and must be pre-arranged with both the teacher and with Mrs. Breeze or Mrs. Severance.

Thank you for your support and for joining our team to enrich the lives of our children. We value you!

Please sign and date below.

I have read the volunteer agreements, understand their purpose, and agree to abide by them as a volunteer at Grapeview School.

Name _____ Date _____

Phone Number _____

Email _____

- Field Trips
- WATCH D.O.G.S.
- Library Reading Volunteer Program
- Classroom Volunteer Program

Signature _____

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 (Instructions on Reverse Side)

(A) REQUESTING AGENCY/ADDRESS Grapeview School District Agency Superintendent Attn 822 E Mason Benson Rd Address Grapeview, WA 98546 City/State/Zip I certify this request is made pursuant to and for the purpose indicated. <table style="width: 100%;"><tr><td style="width: 60%;">Authorized Signature</td><td style="width: 40%;">Date</td></tr><tr><td></td><td>(360) 426-4921</td></tr><tr><td>Title</td><td>Area Code/Phone Number</td></tr></table>	Authorized Signature	Date		(360) 426-4921	Title	Area Code/Phone Number	(B) PURPOSE Check appropriate box ☒ Educational School District (ESD)/School District Volunteer - no fee ☐ Non-Profit Business/Organization - no fee (Excluding Schools & ESD's) ☐ Profit Business/Organization - \$35 ☐ Adoptive Parent - \$35 Fees: Make payable to Washington State Patrol by check, money order, or business account. Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal. _____ Notarized Letter(s)
Authorized Signature	Date						
	(360) 426-4921						
Title	Area Code/Phone Number						

(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

Social Security Number: Not Needed Driver's Lic. Number/State: _____ / _____
(optional)

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. Grapeview School District Requesting Agency Applicant's Signature Applicant's Name Address City/State/Zip	WSP Use Only Applicant Right Thumb Print (Optional)
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Grapeview School District No. 54
East 822 Mason Benson Road, Grapeview, WA 98546
360-426-4921 360-275-4921 Fax 360-427-8975

APPLICANT DISCLOSURE FORM PURSUANT TO RCW 43.43.830

In accordance with RCW 43.43.830, applicants and perspective employees, substitutes and volunteers are required to complete this disclosure form. In addition, applicants who have been offered employment or volunteer assignments as outlined in said law, will be required to complete a REQUEST FOR CRIMINAL HISTORY form. These requests will be retained on the same conditional basis. The District will send a copy of the state Patrol's response to the employee/volunteer within ten days after receipt.

Please answer Yes or No to each item listed. If the answer is yes to any item, explain in the area provided, including the charge or findings, the date and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in RCW 43.43.830 and listed as follows: Aggravated murder; First, second or third degree murder; First, second, or third degree statutory rape; First or second degree robbery; First degree arson; First degree burglary; First or second degree manslaughter; First or second degree extortion; Incest; Vehicular Homicide; First degree promoting prostitution; Communication with a minor; Unlawful imprisonment; Simple assault; Sexual exploitation of minors; First or second degree criminal mistreatment; Child abuse or neglect as defined in RCW 26.44.020; First or second degree sexual misconduct with a minor; 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 buying or selling; Prostitution; Felony indecent exposure; or any of these crimes as they may be renamed in the future?
ANSWER _____ IF YES, EXPLAIN BELOW.
2. Have you ever been found in any dependency action under RCW 13.34.030 (2) (b) to have sexually assaulted or exploited any minor or to have physically abused any minor?
ANSWER _____ IF YES, EXPLAIN BELOW.
3. Have you ever been 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?
ANSWER _____ IF YES, EXPLAIN BELOW.
4. Have you ever been 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?
ANSWER _____ IF YES, EXPLAIN BELOW.
5. Have you ever been found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult? ANSWER _____ IF YES, EXPLAIN BELOW.

PURSUANT TO RCW 9A72.085, I CERTIFY THAT UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

Applicant's Signature _____

Place Signed _____

Witnessed by (Signature) _____

INVESTIGATION CONSENT AND RELEASE OF LIABILITY FORM

I AUTHORIZE THE Grapeview School District to make any investigation of any personal educational, vocational, or employment history. I further authorize any former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the Grapeview School District with information they have regarding me. I hereby release and discharge the Grapeview School District and those who provide information from any and all liability as a result of furnishing this information.

SIGNATURE _____ DATE _____

Request Approved _____ Denied _____ Date: _____

Superintendent Signature

MAIL COMPLETED FORM TO:

WASHINGTON STATE PATROL
IDENTIFICATION AND CRIMINAL HISTORY SECTION
PO BOX 42633
OLYMPIA WA 98504-2633

FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL AT:

PHONE: (360) 534-2000

E-MAIL: crimhis@wsp.wa.gov

WSP WEB SITE: <http://www.wsp.wa.gov>

Washington State conviction criminal history record information is available on the Internet using WATCH (Washington Access to Criminal History). You may use an account established by mail or conduct a search using a credit card (Discover, American Express, Visa, or MasterCard). An account application can be printed by accessing WATCH "HELP" files on the Internet. A \$10 fee is charged for each name and date of birth search, regardless of the outcome.

WATCH WEB SITE: <https://watch.wsp.wa.gov>

CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses, organizations, or individuals. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. Searches can be conducted only on prospective employees, volunteers, or adoptive parents.

Background checks can be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment or engagement decisions only.

Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW 10.97

2. Applicants must be notified an inquiry may be made.

A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer that an inquiry may be made.

3. A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.

A business or organization shall require each applicant to disclose whether the applicant has been:

- (a) convicted of any crime;
- (b) had findings made against him or her in any civil adjudicative proceeding;
- (c) has both a conviction and findings made against him or her.

4. Applicants must be notified of the response.

The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.