

RETURN FORM TO:
 Community Relations
 2689 Hoover Ave. SE
 Port Orchard, WA 98366
 PHONE 360.874.7005
 FAX 360.874.7068



Senior Tax Exchange Program

HOW I WOULD PREFER TO HELP: (circle all that apply)					
Classrooms:	Secondary Schools:	Special Education:	School Facilities/ Grounds:	School Office:	Other Areas:
Tutoring Music Reading Field Trips Language Bulletin Boards Math	Tutoring Lunch Room Track Meets Student Store Activity Volunteer	Tutoring Preschool Clerical Bus Helper	Cleaning Landscaping	Phones Clerical Reception Health Room	Computer Lab Library PE

My Career Work Experience:

Other talents, hobbies, interests or skills I would like to share:

PLEASE INITIAL EACH LINE

- _____ I certify I am at least 61 years of age.
- _____ I hereby certify that my annual combined gross household income is \$65,000 or less.
- _____ I certify that I own and reside in my own home located within the South Kitsap School District boundaries.
- _____ I understand that I cannot earn more than the local school tax portion listed on my property tax statement or more than \$430
- _____ If I am unable to provide a copy of my property tax statement, I authorize South Kitsap School District to receive a copy of my property tax statement from the Kitsap County Treasurer for the purposes of verifying the local school tax limit.
- _____ I understand that I must volunteer a minimum of 20 hours to receive any compensation from this program.
- _____ I understand that placement depends upon a suitable position being available; that a specific assignment can be made only after an interview with appropriate staff.
- _____ I also understand that misrepresentation or false statements may eliminate me from consideration for helper status or dismissal if selected.

How do you pay your property taxes?

Out of Pocket: _____ Mortgage Lender: _____ Other: _____

PLEASE NOTE:

Application to this program does not guarantee acceptance. Space is limited. The applicant must successfully clear a Washington State Patrol background check before being accepted into the STEP program.

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The following persons shall be disqualified from volunteering in South Kitsap School District:

- Anyone who makes a false statement on the volunteer paperwork or fails to disclose criminal convictions.
- Anyone convicted of a misdemeanor or gross misdemeanor committed within the previous five years. This disqualification does not apply to simple misdemeanor traffic offenses unless the offense was drug or alcohol related.
- Anyone convicted of a felony committed within the previous seven years.
- Anyone convicted of more than one criminal offense, regardless of when each crime was committed. This disqualification does not apply where a person was convicted of more than one count arising from the same conduct committed at the same time.
- Anyone convicted of any "crime against children or other persons" as defined in RCW 43.48.830(5).
- Anyone convicted of a crime which would disqualify the person from employment by the district under RCW 28A.400.320 as now existing or hereafter amended, regardless of when the crime was committed.
- Anyone convicted of committing or attempting to commit any crime of violence or of a sexual nature against a minor not listed above, regardless of whether the crime of conviction was a misdemeanor, gross misdemeanor, or felony, and regardless of when the crime was committed.

Please answer the following questions completely and sign the declaration.

1. Have you been convicted of ANY crime (misdemeanor or felony) in the past 10 years? This includes DUI or negligent driving and convictions in other states. Yes _____ No _____

If "Yes", please identify the offense(s), provide the date(s) of the conviction(s), the name of the court (e.g. Kitsap County Superior Court), and the sentence imposed:

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation, or financial exploitation of a child in any legal proceeding? These proceedings include judicial or administrative proceedings as well as findings by the Department of Social and Health Services (DSHS) or the Department of Health that you have not challenged or appealed. Yes _____ No _____

If "Yes", please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s), and the penalty imposed: _____

3. Do you currently have any outstanding criminal charges or warrants for your arrest pending against you? Are you presently under investigation for possible criminal charges? Yes _____ No _____

If "Yes", please provide pertinent details to enable the South Kitsap School District to evaluate, including the charge(s), date(s), jurisdiction(s), and status:

I hereby authorize and consent to South Kitsap School District, its agents and employees, to inquire into and undertake whatever background check of me that South Kitsap School District, in its sole discretion, deems appropriate to determine my fitness as a volunteer. I understand the inquiry may include computer database searches, interviews with people acquainted with me, employers, or references. I understand the information will be kept confidential to the extent permitted by law, but that South Kitsap School District, as a public entity, is subject to the State Public Disclosure Act, RCW 42.17.250 et seq and the exemptions provided there under, as amended. I release and hold harmless the South Kitsap School District; its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that if South Kitsap School District determines, in its sole discretion, that I have provided false or incomplete information in response to the above questions, or the District decides, with or without cause, not to retain me as a volunteer for whatever reason, South Kitsap School District may, without notice or other process, reject my application to serve as a volunteer.

Applicant's Signature: _____ **Date:** _____