



MANSFIELD SCHOOL DISTRICT
PO Box 188, 491 Rd 14 NE
Mansfield, WA 98830
(P) 509-683-1012
(F) 509-683-1281

VOLUNTEER APPLICATION

Contact Information

Name: _____ Phone: _____

Address: _____ City, State, ZIP: _____

Date of Birth: _____ Social Security Number: _____

Valid Driver's License _____ Email: _____

Volunteer Position Information

Area Volunteering for: ☐ Classroom/Library ☐ Office ☐ Sports, assist or ride bus

☐ Building Maintenance Project: _____

☐ Janitorial/Grounds: VOLUNTEERS USING CHEMICALS WILL BE INFORMED ABOUT THEIR USE AND DANGERS.

☐ Kitchen Help – MUST HAVE A FOOD HANDLERS CARD

DO YOU CURRENTLY HAVE OR HAD RELATED STUDENTS ENROLLED IN THE DISTRICT?

☐ Children

☐ Grandchildren

☐ Other related

What skills can you contribute to the organization? _____

What experience do you have in this area? _____

What days do you plan on volunteering? ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri

Disclosure Statement

In connection with your volunteer work with MANSFIELD SCHOOL DISTRICT, you may have unsupervised access to children under 16 years of age. The state of Washington through RCW 43.43.830-834, RCW 9.96A.020 and RCW 10.97.030 and 050, requires that we ask you to complete the following disclosures statement and to inform you that we may run a background check through the Washington State Patrol. This information will not be used or disseminated for any other purpose.

ALL APPLICANTS WHO WILL OR MAY HAVE UNSUPERVISED ACCESS TO STUDENTS DURING THE COURSE OF HIS OR HER EMPLOYMENT OR INVOLVEMENT WITH THIS AGENCY:

Criminal History

Have you ever been convicted or had findings against you of any crime against children or other persons?

☐ Yes ☐ No

Have you ever been convicted or had findings against you or any crime? (For the purpose of this question, "conviction" includes (1) all instances in which a plea of guilty or nolo contendere is the basis of convictions, and (2) all proceedings in which a sentence has been suspended or deferred.) ☐ Yes ☐ No

Have you ever been convicted of or had findings against you in a crime related to sexual abuse, exploitation or physical abuse? ☐ Yes ☐ No

Have you ever had findings made against you in a civil adjudicative proceeding? ☐ Yes ☐ No

Crimes related to Drugs and Financial Exploitation

Have you been convicted of a crime to manufacture, deliver, or possession with an intent to manufacture or deliver a controlled substance? ☐ Yes ☐ No

Have you ever been convicted of a crime relating to financial exploitation including a conviction for first, second or third degree extortion; first, second or third degree theft; robbery; or forgery? ☐ Yes ☐ No

If your answer is "yes" to any of the above, please describe and provide the date(s) of the convictions) or finding(s) and the sentence(s) and/or penalty(ies) imposed. If the conviction has been the subject of an expungement, pardon, annulment, or certificate of rehabilitation, please so specify (attach additional sheets if necessary).

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete and that pursuant to RCW 43.43.830-845 and RCW 10.97 the Criminal Records Privacy Act, Mansfield School District may contact the Washington State regarding any record of convictions of offenses against persons; adjudication's of child abuse in a civil action, and disciplinary board final decisions.

If the information provided or answer(s) to any question on the Volunteer Background Questionnaire change, I understand that I must immediately notify the Mansfield School District.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of material fact, failure to update this background questionnaire, and/or lack of completion of this form can be grounds for denial of a volunteer assignment.

Signature _____

Date _____

*Mansfield School District does not discriminate 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 in its programs and activities and provides equal access to the *Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination:*

*Mansfield School District will also take steps to assure that national origin persons who lack English language skills can participate in all education programs, services and activities. For information regarding translation services or transitional bilingual education programs, contact Bruce Todd, Superintendent. **Compliance Coordinator for 28A.640 and 28A.642 RCW, Section 504/ADA and Title IX:** Mansfield School District Attn:*

Superintendent ~ PO Box 188 ~Mansfield, WA 98830 509-683-1012 btodd@mansfield.wednet.edu

Office Use:

☐ Volunteer responsibilities in these categories include activities that are determined to be "at risk" for injury above normal exposure. These categories will be covered under the district's labor and industry pool. This person has been informed of the risks involved in the project and has been given our self-insured notification and volunteer time sheet.

☐ This person has been APPROVED THROUGH WSP BACKGROUND CHECK _____ (Initial/Date)

☐ This person has been given an orientation to our emergency and safety procedures _____ (Initial/Date)

☐ Applicant has been notified of Washington State Patrol's response within 10 days _____ (Initial/Date)