Form 4260 F2

Mercer Island School District #400
4160 86th Avenue S.E. • Mercer Island, WA 98040-4121
Phone: (206) 236-3330 • Fax: (206) 236-3333

BACKGROUND CHECK FORM

This form must be completed before coaches, vendors, volunteers or parent volunteers work with our children. A copy of positive photo identification must be **attached** (driver's license, passport, etc.). The following information must be completed prior to a final agreement for employment or volunteer work at the Mercer Island School District. Please respond and sign the acknowledgement below that a **Washington State Patrol Background Inquiry** will be made.

Please PRINT your name: _____
First Middle Last

Date of birth (in the form **mm/dd/yyyy**): _____ Email: _____

Your home address: _____

Your home phone: _____ Cell phone: _____

Class or Activity: _____ School(s) _____

Please answer the following questions. If you check "yes" to any questions, please explain through attachment.

HAVE YOU BEEN:

1. Convicted of any crime against children or other persons? No ☐ Yes ☐
2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult? No ☐ Yes ☐
3. Convicted of crimes related to drugs as defined in RCW 43.43.830? No ☐ Yes ☐
4. Found in any dependency action under RCW 13.13.040 to have sexually assaulted or exploited any minor or to have physically abused any minor? No ☐ Yes ☐
5. 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? No ☐ Yes ☐
6. 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? No ☐ Yes ☐
7. Found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult? No ☐ Yes ☐

I swear, under penalty of perjury, that the information I have provided herein is true and complete. Further, I authorize Mercer Island School District authorities to make a Washington State Patrol Background Check each year I am associated with the Mercer Island School District.

Signed: _____ Date: _____

(check one) ☐Coach ☐Vendor ☐Volunteer ☐Parent _____
Student's Name

Will this person have unsupervised access to children under 16 years of age? No ☐ WATCH Yes ☐ WATCH+Fingerprints

Signed: _____ Date: _____
Principal/Administrator/Designee

Watch Check _____ WSP/FBI _____