Parent/Legal Guardian Volunteer Form
(If students are enrolled in Tacoma Public Schools.)

By completing this registration form, you will be a registered volunteer at each of your children’s schools listed to the left. Please type or print clearly. Please complete front and back of this form and the Washington State Patrol form. No nicknames or abbreviations, please.

Name: _______________________________________________________________________
   (Last Name)                                     (First Name)                      (Middle Name)

Address: _____________________________________________________________________
   (Street)                                                                                                     (Apt . #)

City: ________________________________  State: ______    Zip Code: __________________

Telephone: ___________________________        ____________________________________
   (Home)                                                                        (Work)

Date of Birth: __________________________________ (Required)
   (Month)               (Day)        (Year)

How would you like to help? (Check all that apply.)

Tutoring: □ Reading (one-to-one)   □ Reading (small groups) □ Math □ Computers
□ WERLIN team reader □ Other (Specify)

Special Education: □ Classroom Assistant □ Resource Room

Resource Help: □ Art Docent □ Drama □ Enrichment
□ Foreign Language (Specify)

Specific Area:
□ Classroom Assistant □ Coaching Assistant □ Field Trips
□ Health Screening □ Library □ Serve on a committee
□ Special Activity

Grade Level Preferred:
□ Preschool □ Kindergarten □ Elementary
□ Middle School □ High School □ No Preference

Day(s) Willing to Volunteer:
□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday

Hours Willing to Volunteer:
□ Morning (Times:______________________)  □ Afternoon (Times:______________________)
□ After School (Times:______________________)

In case of emergency, please notify: ______________________________________________ Telephone: ______________________________

Are you able to perform the function of your volunteer assignment without special accommodations? □ Yes □ No
If no, please explain:
____________________________________________________________________________
____________________________________________________________________________

To be completed by School Volunteer Coordinator or staff member:

I have seen this volunteer’s picture identification and the name & date of birth listed above are correct.

School                                             Volunteer Coordinator
Applicant Disclosure Form
Pursuant to Chapter 43.43 RCW

Your volunteer interview form and Washington State Patrol clearance are valid for two (2) years from the date stamped on your last clearance.

PLEASE ANSWER YES OR NO TO EACH QUESTION AND SIGN THE FORM. Your volunteer registration cannot be completed without this form.

1. Have you ever been convicted of any crimes against persons listed below or any of these crimes as they may be renamed in the future? If the answer is “yes” to any item, briefly explain below including the date and the court involved.

☐ Yes  ☐ No Arson (1st degree)
☐ Yes  ☐ No Assault (Simple)
☐ Yes  ☐ No Burglary (1st degree)
☐ Yes  ☐ No Child abuse/neglect (defined by RCW 26.44020)
☐ Yes  ☐ No Child molestation (1st, 2nd or 3rd degree)
☐ Yes  ☐ No Child buying or selling
☐ Yes  ☐ No Child abandonment
☐ Yes  ☐ No Child abuse (violating restraining order)
☐ Yes  ☐ No Communication with a minor
☐ Yes  ☐ No Criminal mistreatment (1st or 2nd degree)
☐ Yes  ☐ No Custodial assault
☐ Yes  ☐ No Custodial interference (1st or 2nd degree)
☐ Yes  ☐ No Extortion (1st or 2nd degree)
☐ Yes  ☐ No Felony – indecent exposure
☐ Yes  ☐ No Incest
☐ Yes  ☐ No Indecent liberties
☐ Yes  ☐ No Kidnapping (1st or 2nd degree)
☐ Yes  ☐ No Malicious harassment
☐ Yes  ☐ No Manslaughter (1st, 2nd or 3rd degree)
☐ Yes  ☐ No Murder (aggravated)
☐ Yes  ☐ No Murder (1st, 2nd, or 3rd degree)
☐ Yes  ☐ No Patronizing a juvenile prostitute
☐ Yes  ☐ No Promoting pornography
☐ Yes  ☐ No Promoting prostitution
☐ Yes  ☐ No Prostitution
☐ Yes  ☐ No Rape of a child (1st, 2nd or 3rd degree)
☐ Yes  ☐ No Rape (1st and 2nd degree)
☐ Yes  ☐ No Robbery (1st or 2nd degree)
☐ Yes  ☐ No Selling or distributing erotic material to a minor
☐ Yes  ☐ No Sexual exploitation of minors
☐ Yes  ☐ No Sexual misconduct with a minor (1st or 2nd degree)
☐ Yes  ☐ No Unlawful imprisonment
☐ Yes  ☐ No Vehicular homicide

Explanation, if needed: ____________________________________________________________

______________________________________________________
______________________________________________________

2. Have you been convicted of crimes relating to financial exploitation of a vulnerable adult? (Crimes relating to financial exploitation include conviction for 1st, 2nd or 3rd degree extortion; 1st, 2nd, or 3rd degree theft; 1st or 2nd degree robbery, forgery or as renamed. A vulnerable adult is a person 60 years of age or older who has the functional, mental or physical inability to care of himself/herself or is a patient in a state hospital as defined in Chapter 72.23 RCW.)

☐ Yes  ☐ No

If yes, explain: ________________________________________________________________

____________________________________________________________________________

3. Have you been found in any dependency action under RCW 13.34.040 or found in a Court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor?

☐ Yes  ☐ No

If yes, explain: ________________________________________________________________

____________________________________________________________________________

4. Have you been found by a Court in a protection proceeding under Chapter 74.34 RCW or 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 a vulnerable adult?

Or under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

☐ Yes  ☐ No

If yes, explain: ________________________________________________________________

____________________________________________________________________________

5. Within the past ten (10) years, have you been convicted of ANY offense or placed on deferred sentence for ANY offense?

☐ Yes  ☐ No

If yes, explain nature of crime, date and place: ______________________________________

____________________________________________________________________________

6. Within the past ten (10) years, have you been released from jail, prison, probation or a work release program?

☐ Yes  ☐ No

If yes, explain nature of crime, date and place: ______________________________________

____________________________________________________________________________

PLEASE READ & SIGN BELOW:

I have read the information contained herein and pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I authorize Tacoma School District #10 to make such investigations and inquiries as may be necessary in arriving at a volunteer assignment decision. I hereby release Tacoma School District #10 and its employees from all liability in responding to inquiries in connection with my volunteer application. In the event of a volunteer assignment, I understand that any offer of volunteer placement is contingent upon an acceptable outcome of the criminal history check. I agree that the District may, at its discretion, preclude me from volunteer service if, among other reasons, I provide misleading or incomplete statements. I understand that I am required to abide by all policies, procedures and regulations of the Tacoma School District #10.

Signature                                                            Date

Print Full Name
REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845

REQUESTING AGENCY/ADDRESS

Volunteer/Tacoma Public Schools
Agency
Attention
Address
City/State/Zip

I certify that this request is made pursuant to and for the purpose indicated.

Authorized Signature Date

Volunteer Coordinator
Title Area Code/Phone Number

PURPOSE

Check appropriate box

X Educational School District (ESD)/School District Volunteer — no fee
□ Non-Profit Business Organization — no fee
(Excluding Schools & ESD’s)
□ Profit Business/Organization – $10
□ Adoptive Parent – $10

Fees: Make payable to Washington State Patrol by cashier's check, money order or business account

NO FEE FOR TACOMA SCHOOL DISTRICT VOLUNTEERS. DO NOT MAIL TO WASHINGTON STATE PATROL.

APPLICANT/VOLUNTEER OF INQUIRY (Please provide as much information as possible. Name & date of birth are mandatory.)

Applicant/Volunteer’s Name: ________________________________________________________________________________________________________________________

Last First Middle

Alias/Maiden Name(s): _____________________________________________________________________________________________________________________________

Date of Birth: __________________ Sex: __________________ Race: __________________

Driver’s Lic. Number/State: __________________ / __________________

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

IDENTIFICATION DECLARING NO EVIDENCE

WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below shows no evidence Pursuant to RCW 43.43.830 through 43.43.845.

Volunteer/Tacoma Public Schools
Requesting Agency

Applicant/Volunteer’s Signature

Applicant/Volunteer’s Name

Address

City/State/Zip

TPS Use Only

Applicant Right Thumb Print

Not Required