



KCLS Volunteer Application

APPLICATION PROCESS TO BECOME A STUDY ZONE TUTOR:

1) Complete the Study Zone application online at <http://bit.ly/StudyZoneApplication>

**Make a note of your username and password. If you need to return to your volunteer application to complete it at a later time go to www.volunteerpage.com and click on the my Profile tab.*

2) Print and complete the signature forms in this document.

Your completed forms can be scanned and emailed to apoyner@kcls.org

-or can be mailed to: Annie Poyner - KCLS Study Zone, 960 Newport Way NW, Issaquah, WA 98027

-or can be returned to a KCLS library

3) Sign up for and attend a New Tutor Orientation

New Tutor Orientations are held every three to four weeks from September through June. *You will be able to sign up for a New Tutor Orientation at the end of your online application or you can return to your online profile at www.volunteerpage.com and click on the Sign Up tab.*

You will be able to begin tutoring after your background and reference checks have been completed and you have attended a New Tutor Orientation. *KCLS volunteers must be able to pass a Washington State Patrol Background Check. We are unable to accept applicants with any form of assault, abuse or theft convictions.*

If you need assistance completing the online application or the KCLS Signature Forms, please contact Annie Poyner at apoyner@kcls.org or 425.369.3312.



VOLUNTEER APPLICATION

**REQUEST FOR CONVICTION
CRIMINAL HISTORY RECORD (RCW 10.97)**

*Please print or type clearly. **All items must be completed in order for this to be processed.** Return to the KCLS location where you wish to volunteer.*

Applicant Name:

First

Middle

Last

Alias/Maiden Name:

First

Middle

Last

Date of Birth:

Sex:

Race:

Staff Member:

KCLS Library:

Applicant Mailing Address: (please type or print legibly):

Name

Address

City/State/Zip

Phone Number



KCLS Volunteer Application

Volunteer Applicant Disclosure Form

Under Washington law, King County Library System (KCLS) is required to obtain a written disclosure from anyone desiring to volunteer in an assignment that will or may involve unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. In conjunction with this law, KCLS conducts a background inquiry with the Washington State Patrol on anyone who applies to volunteer at KCLS. Successful completion of this background inquiry is a condition of volunteering with KCLS. Information obtained through this process may not necessarily prevent volunteering. However, it will be used to help determine suitability and competence to perform the assignment(s) and, on this basis, may result in denial of voluntary services. If you undergo this inquiry, KCLS will provide notification to you within ten days about whether you have successfully cleared the background inquiry.

You must answer YES or NO to each listed question when you complete this form. If you answer yes to any question below you must provide all of the following information on the attached sheet of paper along with your signature:

1. Question Number; 2. Date of Conviction; 3. Offense; 4. Court & State Disposition Court; 5. An Explanation

NOTE: Convictions include crimes committed as either an adult or a juvenile that remain on the record. They include all convictions regardless of the length of time that has passed since the conviction.

1. Have you ever been convicted of any crimes against children or other persons, as follows: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; 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 custodial interference; malicious harassment; first or second, or third degree child molestation; 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? ☐ No ☐ Yes
2. Have you ever been convicted of any crimes relating to financial exploitation of a victim who was a vulnerable adult, including: first, second or third degree extortion; first second or third degree theft; forgery? ☐ No ☐ Yes
3. Have you ever been found in any dependency action (a court proceeding regarding child dependent status and/or termination of parental rights under RCW 13.34.030 (2) (B) or under any other jurisdiction outside of Washington State) to have sexually assaulted or exploited any minor or developmentally disabled person, or to have physically abused any minor or developmentally disabled person? ☐ No ☐ Yes
4. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW (or under any other jurisdiction of Washington State) to have sexually abused or exploited any minor or developmentally disabled person, or to have physically abused any minor or developmentally disabled person? ☐ No ☐ Yes
5. 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? ☐ No ☐ Yes
6. Have you ever been found in any protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult? ☐ No ☐ Yes
7. Have you ever been convicted of a drug related crime? ☐ No ☐ Yes

I attest under penalty of perjury that the information I have provided is true and accurate to the best of my knowledge. I hereby authorize King County Library System to conduct any or all of the following background checks on me at the King County Library System's discretion: (1) Washington State Patrol criminal background inquiry (required for all volunteers); (2) fifty state criminal background inquiry; (3) credit check.

I agree to provide, if requested by KCLS, my driving record abstract for the last twelve months. I understand that my selection for a volunteer assignment is contingent on the successful outcome of these background checks.

Applicant Signature _____ Print Name _____ Date _____

Staff Use Only

Library/Department _____ Staff Name/Email _____

Staff: Send completed Disclosure Form and WSP Criminal History Check (this page and next) to Human Resources

KCLS Library Volunteer Application--Parent/Guardian Signature Form

(Required for applicants under 18 years old)

Volunteer's Name

I/We, , have legal custody of the person named above, a minor, and have given our consent for him/her to volunteer for KCLS effective from this date until the volunteer relationship is terminated by us, our child, or by KCLS.

I/We acknowledge our child has signed or will sign the KCLS Volunteer Agreement.

I/We understand that there are inherent risks involved in any event of this nature, and I/we hereby release KCLS, its agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.

In the event that is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician.

I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by KCLS.

I/We also understand that photographs may be taken of me and/or my child while participating in the above-referenced events and/or activities for possible publication. In consideration of the publicity which I/we may receive from such publication, I/we hereby consent and agree for the publication or use by KCLS of the photographs which have been taken on this day. I/we hereby waive any claims to further compensation of any nature whatsoever. I/we am/are of legal age, and have ready and fully understand this release.

I/We also understand that potential volunteer opportunities offered to my son or daughter may not be limited to one KCLS library location and may also include outreach activities, such as participating in parades, assisting library staff with programming in community locations, or participating in group volunteer opportunities with minor volunteers. KCLS staff will supervise volunteers at these events.

Should this minor's activities be restricted for any reason? Please explain:

Parent/Guardian Signature

Date

Parent/Guardian Name, printed

KCLS Applicant Location (Library)

Study Zone:

Applicant, please return this completed form to the KCLS location where you are applying to volunteer.

KCLS STAFF: for Study Zone applicants, please send completed Parent/Guardian Signature Forms (if applicable) to the Study Zone Coordinate at Service Center