



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)

High School:

(School)

(Student's Name)

(School)

(Student's Name)

Middle School:

(School)

(Student's Name)

(School)

(Student's Name)

Elementary School:

(School)

(Student's Name)

(School)

(Student's Name)

(School)

(Student's Name)

**Please return the
completed forms to
your school's
volunteer coordinator.**

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.

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

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

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

- ☒ 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.

Complete this section.

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.

Complete this section.

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

3000-240-430 (09:01)

TPS Use Only

Applicant Right Thumb Print

Not Required