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Meadowdale High School Volunteer Application



Volunteer @ MDHS

Contact Information	
First Name:	Last Name:
Best Phone #:	Email:
Languages Spoken:	
Interests, Hobbies, Skills:	
Health Issues/Allergies we need to know about:	
Local Emergency Contact	
Name:	Phone #:

Check all that apply	
<input type="checkbox"/> Parent Volunteer	Name of student(s):
<input type="checkbox"/> Community Volunteer	Organization Name:
<input type="checkbox"/> Student Volunteer	Your School Name:

My workplace promotes volunteerism and supports our community. I could:	
<input type="checkbox"/> Match fundraising money	<input type="checkbox"/> Post volunteer opportunities at my office
<input type="checkbox"/> Donate office supplies	<input type="checkbox"/> Donate items or gift certificates for fundraisers

Availability	
<input type="checkbox"/> One day each week	<input type="checkbox"/> Limited to one time events
<input type="checkbox"/> Before school (6:30 to 7:30am)	<input type="checkbox"/> After school (1:40pm or later)
<input type="checkbox"/> Flexible -call me anytime	<input type="checkbox"/> Other:

Our Volunteer Policy

ALL VOLUNTEERS MUST have completed and cleared **Washington State Patrol Background Check** on file in the main office prior to volunteering. Please complete the attached forms.

FIELD TRIP DRIVERS: in addition to the background check, please attach:

- Copy of your driver's license
- Copy of your insurance policy
- Copy of your driving record (this can be done at the Department of Licensing on Hwy 99. Just complete their form, pay \$13 fee, and show your I.D.) **OUR OFFICE CANNOT DO THIS.**

Turn in all forms to our main office 2 days prior to volunteering for processing.

I understand that all volunteering relationships established through the Edmonds School District take place with student(s) on the school campus during school hours or at other school authorized activities **ONLY**. I also understand that the Edmonds School District has a **ZERO-TOLERANCE** policy with regard to drugs and alcohol, sexual harrament, and weapons.

Signature: _____ Date: _____

For more information about volunteer opportunities, please contact PRG Vice President Rina Redrup 360.909.9000

YOU MUST ANSWER ALL EIGHT (8) ITEMS ON THIS FORM.

Applicant/Volunteer Name (Please Print)

1. Check any of the following for which you have been convicted, including any of these crimes as they may have been renamed: *(the term "convicted" includes all instances in which a finding of guilt, a plea of guilty or nolo contendere, or stipulation to facts or deferred prosecution, or suspended sentence occurred).*

- | | |
|---|---|
| <input type="checkbox"/> Custodial Assault | <input type="checkbox"/> First Degree Burglary |
| <input type="checkbox"/> First, Second, or Third Degree Assault of a Child | <input type="checkbox"/> Aggravated Murder |
| <input type="checkbox"/> First, Second, or Third Degree Assault | <input type="checkbox"/> First or Second Degree Murder |
| <input type="checkbox"/> Simple Assault | <input type="checkbox"/> First or Second Degree Extortion |
| <input type="checkbox"/> First or Second Degree Custodial Interference | <input type="checkbox"/> First or Second Degree Kidnapping |
| <input type="checkbox"/> Incest | <input type="checkbox"/> First or Second Degree Manslaughter |
| <input type="checkbox"/> First, Second, or Third Degree Rape of a Child | <input type="checkbox"/> First, Second, or Third Degree Rape |
| <input type="checkbox"/> Child Abandonment | <input type="checkbox"/> First or Second Degree Robbery |
| <input type="checkbox"/> Child Abuse or Neglect as Defined in RCW 26.44.020 | <input type="checkbox"/> Indecent Liberties |
| <input type="checkbox"/> Violation of a Child Abuse Restraining Order | <input type="checkbox"/> Felony Indecent Exposure |
| <input type="checkbox"/> Child Buying or Selling | <input type="checkbox"/> Vehicular Homicide |
| <input type="checkbox"/> First or Second Degree Custodial Sexual Misconduct | <input type="checkbox"/> Unlawful Imprisonment |
| <input type="checkbox"/> First, Second, or Third Degree Child Molestation | <input type="checkbox"/> Malicious Harassment |
| <input type="checkbox"/> First or Second Degree Sexual Misconduct with Minor(s) | <input type="checkbox"/> Criminal Abandonment |
| <input type="checkbox"/> Patronizing a Juvenile Prostitute | <input type="checkbox"/> First or Second Degree Criminal Mistreatment |
| <input type="checkbox"/> Selling or Distributing Erotic Material to Minor(s) | <input type="checkbox"/> Promoting Pornography |
| <input type="checkbox"/> Sexual Exploitation of Minor(s) | <input type="checkbox"/> First Degree Promoting Prostitution |
| <input type="checkbox"/> Communication with a Minor for Immoral Purposes | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> First Degree Arson | |

CHECK HERE IF YOU HAVE NOT BEEN CONVICTED OF ANY OF THE ABOVE, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED.

2. Check any of the following if you have ever been convicted of these crimes relating to financial exploitation where the victim was a vulnerable adult *(defined as adults of any age who lack the functional, mental, or physical ability to care for themselves).*

- First, Second, or Third Degree Extortion
- First, Second, or Third Degree Theft
- First, Second, or Third Degree Robbery
- Forgery
- Any of the foregoing crimes as they may have been renamed

CHECK HERE IF YOU HAVE NOT BEEN CONVICTED OF ANY OF THE ABOVE, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED.

IF YOU CHECKED ANY OF THE BOXES IN QUESTIONS 1 AND 2, INDICATING THAT YOU HAVE BEEN CONVICTED OF A CRIME (AS LISTED OR RENAMED), PLEASE ATTACH AN EXPLANATION.
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^{1.} All prospective employees who will or may have unsupervised access to children under 16 years of age, developmentally disabled persons, and/or vulnerable adults are "applicants".

3. Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance?
 YES NO

4. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?
 YES NO

5. Have you ever been 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?
 YES NO

6. Have you ever been found in any disciplinary board final decision to have sexually or physically abused any minor or developmentally disabled person, or to have abused or financially exploited any vulnerable adult? (*“Disciplinary board final decision” means (a) any final decision by the director of the Department of Licensing for real estate brokers and salespersons or (b) any final decision by a disciplinary authority under Chapter 18.130 RCW of the secretary of the Department of Health for the following businesses or professions: chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, and psychology.*)
 YES NO

7. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?
 YES NO

8. Are you presently charged with, but not convicted of, any of the crimes or offenses described in Questions 1 through 7 above?
 YES NO

IF YOU ANSWERED YES TO ANY QUESTIONS 3 THROUGH 8, PLEASE ATTACH AN EXPLANATION.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

 Signature of Applicant/Volunteer

 Date

An inquiry may be made to the Washington State Patrol or a federal law enforcement agency to verify your responses to the above inquiries. A copy of any response received pursuant to such inquiry will be made available to you.

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 (Instructions on Reverse Side)

<p>A REQUESTING AGENCY/ADDRESS</p> <p>Agency _____</p> <p>Attn _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>Authorized Signature _____ Date _____ ()</p> <p>Title _____ Area Code/Phone Number _____</p> <p>Please fill out below ↓</p>	<p>B PURPOSE Check appropriate box</p> <p><input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p>
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C **APPLICANT OF INQUIRY** (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Driver's Lic. Number/State: _____ / _____

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

D **WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**
WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

Please Sign Here ←

Applicant Right Thumb Print (Optional)