

Community Volunteer Form

(no children enrolled in Tacoma schools)

In which school will you be volunteering?

By completing this registration form, you are applying to be a registered volunteer in Tacoma Public Schools. 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)

Please answer the following questions:

1. Are you a college student?

Yes ☐ No ☐

If yes, what school?

2. Do you represent a business partnership?

Yes ☐ No ☐

If yes, which partnership?

3. Are you 55 years of age or older?

Yes ☐ No ☐

If yes, please complete a RSVP volunteer registration form.

4. Would you be interested in serving on a school or district committee?

Yes ☐ No ☐

5. Are you or have you ever been a Tacoma School District employee?

Yes ☐ No ☐

Please return the completed forms to your school/program 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

Days 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 and 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 posted 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? 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
- Assault (1st, 2nd, or 3rd degree)
- ☐ 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 or 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

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 Services/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: _____ / _____

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 Services/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