

Volunteer Application

RENEWAL

FOR OFFICE USE

Date Rcvd _____ WSP Completed _____
Dr License/ID Card Rcvd _____
Processed by: _____
School _____
Notes _____
Date sent to DO: _____ Date Apprvd: _____

Use Ink – Complete Both Sides; attach copy of driver's license or ID card

Name (Mr./Mrs./Ms./Title) _____ M _____ F _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (HM) _____ (WK) _____ (CELL) _____ (E-MAIL) _____

Are you volunteering as Parent _____ Family/Relation _____ Community Member _____ Other _____

College Students, specify college and course _____

You prefer which school _____ You learned about this opportunity from _____

List Mount Vernon School District students or staff to whom you are related or closely affiliated:

Full Name _____ Teacher/School _____ Relation _____

Full Name _____ Teacher/School _____ Relation _____

Full Name _____ Teacher/School _____ Relation _____

To promote volunteerism in the schools, we occasionally use volunteer names and photos. Please check if you do NOT want photos or other volunteer information used. _____ Do NOT use my information

STATEMENT In order to support student learning at locations operated by the Mount Vernon School District, I understand that I must submit a completed *Volunteer Application Packet* pursuant to Mount Vernon School District Board Policy 5630 and 5630P. An interview may be requested prior to service. All information in this application is accurate to the best of my knowledge. I have completed and/or signed the following according to directions provided: Volunteer Application, copy of Driver's License or ID card, Washington State Patrol Request for Criminal History Information (Section A only), and Applicant Disclosure Statement. I understand that I will be serving in a non-employee capacity only and that placement in any Mount Vernon School or site is at the discretion of the Mount Vernon School District. As a volunteer partner, I understand that insurance coverage is my personal responsibility. I agree to abide by the policies and procedures outlined in the Mount Vernon School District Board Policy. I acknowledge the district does not provide any accidental medical insurance coverage and that I assume all risks of injury or damage to my person or property. I agree to hold and save harmless the Mount Vernon School District, its School Board and Employees, and assigns for any claims, suits or damages, (including but not limited to defense and indemnification) which might result from my participating in the district activities. I agree to communicate regularly with the program staff. I understand the Mount Vernon School District reserves the right to review all or any part of this application packet and request updated information. This application must be renewed once every three years to remain eligible to participate as a volunteer partner at the Mount Vernon School District.

Applicant Signature _____ Date _____

Emergency Contact & Telephone _____ Relation _____

Current occupation/employer _____

Education/training _____

Hobbies/interest/skills _____

Do you speak a language other than English? Yes _____ No _____ Please specify language _____

Reason for volunteering (college credit, specific event) _____

To promote partnerships in education, please indicate if your employer supports this endeavor. Yes _____ No _____

If yes, in what capacity? Release time _____ Funding _____ In-kind donations _____ Other _____

Applicant Disclosure Form

Pursuant to RCW 43.43.834

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date of the conviction or finding, the court(s) involved, and the penalty imposed.

I understand that the Mount Vernon School District may inquire of state and federal law enforcement or other agencies and examine court or agency records regarding any criminal history and civil adjudications.

1. Have you **ever** been convicted of any crime?

The term '**convicted**' means all adverse dispositions, including a finding of guilty, a plea of guilty or no contest, an Alford plea, stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution.

Answer _____ If YES, PLEASE EXPLAIN: _____

2. Have you **ever** had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or vulnerable adult in any civil adjudicative proceeding?

A civil adjudicative proceeding includes a judicial or administrative proceeding as well as findings by the Department of Social and Health Services or the Department of Health that you have not administratively challenged or appealed.

Answer: _____ If YES, PLEASE EXPLAIN: _____

3. Are you **presently** charged with, but not convicted of, a crime?

Answer: _____ If YES, PLEASE EXPLAIN: _____

Any misrepresentation or omission of facts shall be sufficient cause for rescission of an offer to volunteer.

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.

Applicant Signature: _____ Date: _____

The Mount Vernon School District does not discriminate in employment, programs, or activities on the basis of age, race, color, national origin, creed, religion, sex, sexual orientation, gender expression, gender identity, honorably discharged veteran or military status, or the presence of any sensory, mental or physical disability or use of a trained guide dog or service animal by a person with a disability and provides equal access to the Boy Scouts and other designated youth groups. We will take steps to assure that national origin persons who lack English language skills can participate in all education programs, services and activities, including those specific to career and technical education programming. Inquiries regarding compliance and/or grievance procedures may be directed to the District's Title IX/Civil Rights Compliance Coordinator, Assistant Superintendent William Nutting, bnutting@mvsd320.org or the Section 504/Americans with Disabilities Act Coordinator, Clint Carlton, Director of Special and Support Services, ccarlton@mvsd320.org, 124 E. Lawrence St., Mount Vernon, WA, (360) 428-6110.

WASHINGTON STATE PATROL
Identification and Background Check Section
PO Box 42633
Olympia, WA 98504-2633
(360) 534-2000
<http://watch.wsp.wa.gov>



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING CONVICTION CRIMINAL HISTORY RECORD INFORMATION BASED ON NAME AND DATE OF BIRTH. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$16.00 CHECK OR MONEY ORDER. YOU MAY ALSO COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST BY NAME AND DATE OF BIRTH FOR \$12.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$10.00 PER NOTARY SEAL ____ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

VOLUNTEER – Please complete SECTION A only

A SUBJECT INFORMATION: (please type or print clearly)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

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

SECTION B: OFFICE USE ONLY

B REQUESTER INFORMATION: (please type or print clearly)

DATE: ____ / ____ / ____ _____
Mo. Day Yr. (print) Name/Title of Requestor Requestor's Signature

Provide e-mail to receive background results electronically. Phone No. (____) *Not applicable*

Not applicable _____ *Not applicable* _____
Email address Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

Name

School Name Address

City State Zip Code

Subject's Right Thumb Print (Optional)