

VOLUNTEER INFORMATION

Dear Parents:

We know how busy you are and what a premium time must be for you. Sometimes it seems that there are just not enough moments in the day for all we have to do. If you can spare some of that valuable time we can use your services at school.

The purpose of our volunteer program is to provide an opportunity for parents and other interested adults to assist school personnel in the operation of the school. The services that volunteers provide over the year are priceless. Southside has been very fortunate to have many parents who are willing and able to help.

Volunteers are needed in many areas of our school. We could use your help in the library, cafeteria, classrooms, office and at special events such as dances and after school programs.

In order to ensure the safety of our children we must have all adults that are interested in volunteering at Southside, fill out the Washington State Patrol Request for Criminal History Information Form, the Volunteer Disclosure Form and the Southside Volunteer Form stating what you would like to volunteer for. A background check will be done on everyone that is interested in volunteering.

All volunteers must sign in at the office and pick up a name tag before going to any classroom.

We look forward to working with those of you who have volunteered in the past and we welcome those who are new to volunteering at Southside. Please feel free to contact the school if you have questions.

Sincerely,

Doris Bolender
Principal/Superintendent

SOUTHSIDE SCHOOL DISTRICT VOLUNTEER FORM

Name: _____ Phone _____

_____ I would like to volunteer in my child/children's classroom(s)

_____ I am interested in being a room parent for _____
Classroom

_____ Child's Name _____ Teacher _____ Grade _____

_____ Child's Name _____ Teacher _____ Grade _____

_____ Child's Name _____ Teacher _____ Grade _____

_____ I would like to volunteer in these areas.

_____ Reading _____ Math _____ Science _____ Recess
_____ Art _____ Library _____ Media _____ Office
_____ Field Trips _____ Lunchroom _____ Making Copies

_____ Daily _____ Weekly

Specific day(s) and times: _____

Character References:

Please use two non-family members who would be supportive of your working with children.

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

I give my permission for the Southside School District to check the above references.

Signature: _____ Date: _____

SOUTHSIDE SCHOOL DISTRICT NO. 042
VOLUNTEER DISCLOSURE FORM PURSUANT TO RCW 43.43830

In accordance with RCW 43.43.830, applicants and perspective employees, substitutes and volunteers are required to complete this disclosure form. In addition, applicants who have been offered employment of volunteer assignments outlined in said law will be required to complete a **Request For Criminal History** form. This request form will be forwarded to the Washington State Patrol for disclosure of any applicable charges or findings. Applicants may be employed on a conditional basis pending completion of the background investigation, Volunteers will be retained on the same conditional basis. A copy of the State Patrol's response will be sent to the employee/volunteer within ten days after the receipt by the district.

Answer yes or no to each listed item below. If the answer is yes to any item, explain in the area provided including the charge or findings, the date and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in RCW 43.43:830 and listed as follows: aggravated murder, first, second or third degree murder, first, second or third degree kidnapping, first, second or third degree assault, first, second or third degree rape, first, second or third degree statutory rape, 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, unlawful imprisonment, simple assault, sexual exploitation of minors, first or second degree criminal mistreatment, child abuse or neglect as defined in RCW 26.44.20, first or second degree custodial interference, malicious harassment, first, second or third degree 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?

Yes _____ No _____ If yes, explain below

2. Have you ever been found in any dependency action under RCW 13.34.30 (2)(b), to have sexually assaulted or exploited any minor or to have physically abused any minor?

Yes _____ No _____ If yes, explain below

3. Have you ever been found by a court in a domestic relations proceeding Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

Yes _____ No _____ If yes, explain below

SOUTHSIDE SCHOOL DISTRICT VOLUNTEER FORM

4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

Yes _____ No _____ If yes, explain below

Pursuant to RCW 9A72.085, I certify that under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Applicant's Name _____

Applicant's signature _____

Place signed _____

Witnessed by: _____

INVESTIGATION CONSENT AND RELEASE OF LIABILITY FORM

I authorize the Southside School District to make any investigation of any personal educational, vocational or employment history. I further authorize any former employer, person, firm, corporation, educational or vocational institution or government agency to provide Southside School District with information they have regarding me. I hereby release and discharge the Southside School District and those providing the information from any and all liability as a result of furnishing this information

Signature

Date



WASHINGTON STATE PATROL

Identification and Background Check Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<http://watch.wsp.wa.gov>

SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name

Last

First

Middle

Alias/Maiden Name/Other Names Used _____

Date of Birth: _____

Month/Day/Year

REQUESTOR INFORMATION:

Name Southside School District

Authorized Signature: _____ Date: _____

Title: Superintendent/Principal

Address 161 SE Collier Road

City State ZIP Code Shelton, WA 98584

Contact Phone Number (360) 426-8437

PURPOSE:

Educational School District (ESD)/School District Volunteer - No fee

Applicant Signature _____ Date _____