

WASHOUGAL SCHOOL DISTRICT

4855 EVERGREEN WAY
PH: 360.954.3000



WASHOUGAL, WA 98671
FAX: 360.835.7776

Volunteer Background Check Instructions

Thank you for your interest in volunteering for Washougal schools!

1. Please fill out section C and D of the Washington State Patrol form completely.
2. Answer the questions on both pages of the applicant disclosure, sign the form, date it, and have a witness sign as well.
3. Please provide a legible photocopy of a valid, current Washington state drivers license.

You can either drop off the forms at any school building and the secretary will send it in the district mail or you can mail or drop the forms off at the district office:

Washougal School District
4855 Evergreen Way
Washougal, WA 98671
Attn.: Jacquie Clemans

Or you can also scan and e-mail it to her at jacquie.clemans@washougalsd.org

If you have an Oregon Drivers License you will have to come in person to the district office and fill out a different volunteer background check and provide \$10 to Washougal School District to pay the processing fee to Oregon State Police.

Important note for non Oregon/Washington ID holders: Due to background check rules, if you have any other out of state drivers license or military ID we will not be able to clear you to volunteer at this time.

If you have any questions concerning this process please call or e-mail Jacquie Clemans at 360-954-3000 or jacquie.clemans@washougalsd.org.

The volunteer list is e-mailed out to the buildings on a weekly basis, more often as the need arises. If you want to check to see if you have cleared you may contact the secretary at your child's school.

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

<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>B PURPOSE Check appropriate box</p> <p><input 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 - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</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

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

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

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

Washougal School District 112-6 Applicant Disclosure Statement

YOU MUST ANSWER ALL NINE (9) ITEMS ON THIS FORM.

(Reference RCW 28A.400, RCW 43.43)

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 or suspended sentence occurred.)

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

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. Have you been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult as defined in Chapter 43.43.830(6) RCW as amended and listed as follows:

- **First, second or third degree extortion;**
- **Forgery or any of these crimes as they may be renamed in the future**
- **First, second or third degree theft**
- **First or second degree robbery**

Answer: No Yes If Yes, please explain. _____

3. Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance?

Answer: No Yes If Yes, please explain. _____

¹ All volunteers and prospective employees, who will or may have unsupervised access to children under 16 years of age, developmentally disabled persons, and/or vulnerable adults, and all prospective employees are "applicants."

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 abuse any minor?

Answer: No Yes If Yes, please explain. _____

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?

Answer: No Yes If Yes, please explain. _____

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 and (b) any final decision by a disciplinary authority under Chapter 18.130 RCW or 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.

Answer: No Yes If Yes, please explain. _____

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?

Answer: No Yes If Yes, please explain. _____

8. Are you presently charged with, but not convicted of, any of the crimes or offenses described in questions 1 through 7 above? Answer: No Yes

9. Have you ever been convicted of any crime not otherwise listed?

Answer: No Yes

Pursuant to RCW 9A.72.085, I certify under perjury under the laws of the State of Washington that the foregoing is true and correct.

Last Name: _____ First Name: _____

Applicant Signature

Date and Place

TO BE COMPLETED AFTER CONDITIONAL EMPLOYMENT IS OFFERED.

I certify under penalty of perjury that as of this date _____, a date on or after which I have been offered conditional employment with Washougal School District 112-6, the foregoing remains true and correct.

Your signature must be witnessed.

Prospective Employee Print Name

Prospective Employee Signature

Witness Print Name

Witness Signature