

**VOLUNTEER APPLICATION**

NAME: \_\_\_\_\_ (Last) (First) (MI)

PRESENT ADDRESS: \_\_\_\_\_ (Street) (City) (State) (Zip)

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

STUDENT NAME(S): \_\_\_\_\_

POSITION(S) VOLUNTEERING FOR: \_\_\_\_\_  
\_\_\_\_\_

FIRST EXPECTED DATE TO VOLUNTEER: \_\_\_\_\_

BUILDING(S): \_\_\_\_\_

List any special training, experience or skills you feel would enhance the school and students: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CURRENT OR MOST RECENT EMPLOYER:**

NAME AND ADDRESS OF EMPLOYER	POSITION HELD	AREA CODE/PHONE NUMBER	DATE TO – FROM

**REFERENCES:**

NAME AND OCCUPATION	STREET, CITY, STATE, ZIP	AREA CODE/PHONE NUMBER (DAYTIME/NIGHTTIME)	RELATIONSHIP

*I authorize Lynden School District to conduct a background check through the Washington State Patrol for volunteer purposes. I further authorize any current or former employer, person, firm, or agency to provide Lynden School District with information they have regarding me. I hereby release and discharge Lynden School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that falsification of any part of this application shall be sufficient for terminating the volunteer position.*

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINCIPAL'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Lynden School District*

**APPLICANT DISCLOSURE STATEMENT**

Pursuant to the requirements of RCW 43.43.834, Lynden School District must ask you to complete the following Applicant Disclosure Statement. This information will be kept confidential. Please answer fully and accurately.

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Note Lynden School\_District will confirm your answers to these questions by:

- 1) Running a Washington State Patrol check for criminal convictions;
- 2) Searching the Washington Courts database for civil adjudications as listed below; and,
- 3) [Healthcare only] For licensed personnel, checking the Department of Health credentials database for disciplinary actions.

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon request.

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1. Have you ever been convicted of a crime?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If "yes," please identify the offense(s), provide the date(s) of the conviction(s), the name of the court(s), (e.g., King County Superior Court) and the sentence(s) imposed.

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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? Civil adjudicative proceeding includes judicial or administrative proceedings as well as findings by DSHS or the Department of Health that you have not administratively challenged or appealed.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s), and the penalty(ies) imposed.

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I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if hired, my employment is conditioned on satisfactory results of the background checks listed above. I have signed this Disclosure Statement on the date shown below at \_\_\_\_\_, Washington.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print 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**

<p><b>(A) REQUESTING AGENCY/ADDRESS</b></p> <p><u>Lynden School District</u> Agency <u>Heather Lenssen</u> Attn <u>1203 Bradley Rd</u> Address <u>Lynden, WA 98264</u> City/State/Zip</p> <div style="border: 1px solid black; padding: 5px;"><p>I certify this request is made pursuant to and for the purpose indicated.</p><p>_____ Date Authorized Signature</p><p>_____ (      ) Title Area Code/Phone Number</p></div>	<p><b>(B) PURPOSE</b> 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 &amp; 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><b>Fees:</b> Make payable to <b>Washington State Patrol</b> by check, money order, or business account.</p> <p><b>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</b></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

### **Volunteers Procedure**

The voluntary help of citizens should be requested by staff through administrative channels for conducting selected activities and/or to serve as resource persons.

Volunteers shall:

1. Serve in the capacity of helpers and not be assigned to roles which require specific professional training. Instructional services shall be rendered under the supervision of certificated staff;
2. Refrain from discussing the performance or actions of a student except with the student's teacher, counselor or principal;
3. Refer to a regular staff member for final solution of any student problems which arises, whether of an instructional, medical or operational nature;
4. Receive such information as:
  - a. General job responsibilities and limitations;
  - b. Information about school facilities, routines and procedures;
  - c. Work schedule and place of work; or
  - d. Expected relationship to the regular staff
5. Be provided appropriate training at the building level, if new volunteers, consistent with their tasks and existing district standards. This training shall be developed under the leadership of the principal in consultation with a district supervisor;
6. Have assignments and activities carefully defined in writing. Examples of suggested duties for volunteers may include:
  - a. Bulletin boards;
  - b. Preparation of materials for art, science, math classes;
  - c. Clerical duties as assigned;
  - d. Clean up activities;
  - e. Library and audio visual duties;
  - f. Assistance with physical education exercises;
  - g. Instructional activities appropriate to the volunteer's training and classroom needs;

Lynden School District No. 504  
BOARD POLICY

No. 5630P

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- h. Vision and hearing testing and approved medical surveys;
  - i. School activities supervision; and
  - j. Playground supervision with a staff member;
7. Have their services terminated for these and other reasons:
- a. Program and/or duties completed;
  - b. Resignation of the volunteered;
  - c. Replacement by paid staff member; and
  - d. Circumstances which in the judgment of the administration may necessitate asking the volunteer to terminate services.
8. All volunteers will be subject to Washington State Patrol background checks prior to commencement of volunteer services.

Revised: May 29, 2008