



CHEHALIS SCHOOL DISTRICT

"Quality schools where all students can learn and grow!"

Dr. Greg Kirsch
Superintendent

310 S.W. 16th St.
Chehalis, WA 98532-3800
(360) 807-7200

VOLUNTEER APPLICATION FORM

NAME: _____ SS# _____

ADDRESS: _____ PHONE: DAY _____ NIGHT _____
City Zip

I am interested in volunteering at school:

_____ to work with students _____ to do clerical work for teacher and staff
_____ to help with special events as they occur _____ to help where needed

I am willing to give a talk and/or demonstration in the area of my profession, occupation and/or hobby. My special interests, hobbies and skills are: _____

Best days to volunteer: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

AM(specify hours) _____ PM(specify hours) _____ After school (specify hours) _____

Do you have children attending Chehalis School? _____ yes _____ no

Name _____ School _____ Room# _____

Name _____ School _____ Room# _____

Name _____ School _____ Room# _____

Do you have any physical limitations? _____ Explain: _____

Emergency contact should the volunteer become ill or injured:

Name _____ Phone# _____

Two Personal References:

Name _____ Phone# _____

Name _____ Phone# _____

I give permission for the Chehalis School District to check the above references. I understand this time is spent in a volunteer capacity only.

Signature Date

Effective July 14, 1992, Chehalis School District prohibits tobacco use on district property.

WELCOME ABOARD! VOLUNTEERS ARE SPECIAL!

If you have questions regarding Chehalis Schools' Volunteer Program, please call Barbara Grega at 807-7251.
Thank you for becoming a part of our Educational Team!

FAX (360-748-7256)

APPLICANT DISCLOSURE FORM
PURSUANT TO THE CHILD/ADULT ABUSE INFORMATION ACT,
RCW 43.43.830 through 43.43.840
(AS AMENDED BY 1990 C 146)

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, and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in the Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.840, and listed as follows: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree rape; first, second or third degree rape of a child; 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; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling 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.

ANSWER: _____ IF YES, PROVIDE EXPLANATION: _____

2. Have you ever been found guilty of sexual abuse or exploitation or physical abuse in a dependency action under RCW 13.34.040?

ANSWER: _____ IF YES, PROVIDE EXPLANATION: _____

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

ANSWER: _____ IF YES, PROVIDE EXPLANATION: _____

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?

ANSWER: _____ IF YES, PROVIDE EXPLANATION: _____

Pursuant to RCW 43.43.830 through 43.43.840, I certify under penalty or perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature _____ Date _____

Address: _____
Street/P.O. Box City State Zip

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

(Instructions on Reverse Side)

<p>A REQUESTING AGENCY/ADDRESS</p> <p>Chehalis School District #302 Agency</p> <p>Mary Lou Bissett, Assistant Superintendent Attn</p> <p>310 SW 16th Street Address</p> <p>Chehalis, WA 98532 City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p><i>Mary Lou Bissett</i> Authorized Signature Date</p> <p>Assistant Superintendent (360) 807-7200 Title Area Code/Phone Number</p>	<p>B PURPOSE</p> <p>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 & 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 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 \$5.00 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

WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Chehalis School District #302
Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

Applicant Right Thumb Print (Optional)