

VOLUNTEER/VISITOR APPLICATION FORM

Full Name of volunteer: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (required) Mailing Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

School Year: \_\_\_\_\_  
WSP Check: \_\_\_\_\_

**Attach a copy of your valid Washington State ID or Driver License. (Required to process application)**

**I AM A:** \_\_\_ Parent of: **or** \_\_\_ Family Member of: **or** \_\_\_\_\_ of the following student(s):  
(please list all student's names that you intend to volunteer for during this school year)  
Child's First & Last Name      Grade      Teacher's name      Circle school they attend  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
OES PTR OMS OHS  
OES PTR OMS OHS  
OES PTR OMS OHS

**OR - I AM A:**  
\_\_\_ High/Middle School student in grade \_\_\_\_\_ & would like to Student T.A. for the following teacher: \_\_\_\_\_. (Must have parent & teacher signature approval completed below).  
\_\_\_ Community member who will work with \_\_\_\_\_  
(Specify staff name, sport, program, etc.)

**I AM INTERESTED IN VOLUNTEERING IN THE FOLLOWING AREAS:**  
\_\_\_ Classroom and/or field trip volunteer (please arrange your schedule with the teacher directly).  
\_\_\_ All-school projects and activities (book fairs, health screening, picture days, events, etc)  
→ Please contact the school or staff member in charge directly to help with events or activities.  
\_\_\_ Tutor or Mentor for 5<sup>th</sup>, 6<sup>th</sup>, or 7<sup>th</sup> grade students (minimum 1 hour per week for 1 year).

Comments: \_\_\_\_\_

**Statement:** I have completed and signed the Applicant Disclosure and Washington State Patrol Request for Criminal History Information on the back of this form (in compliance with state law RCW 43.43.830 through 43.43.845). I understand that a WA State Patrol background check must be completed and approved **PRIOR TO** volunteering and, in some cases, an interview may be required. I am aware that I must use the Volunteer Sign-In Sheet located in each office to sign in and out of the building and agree to wear my name tag when I volunteer. I understand that regular communication with the teacher is important and that if for some reason I am not able to fulfill my obligation I will contact the teacher or the staff member it affects. Approval of this application is valid for this school year only.

\_\_\_\_\_  
Print Full Name (first, middle & last)      Signature      Date

**FOR APPLICANTS UNDER AGE 18: Parent signature and teacher signature REQUIRED below!**

**Parent:** I give permission for my above-named child to be a volunteer in the Orting School District.  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Teacher:** I agree to accept the above-named student as a T.A. in my classroom or program. A schedule has been agreed upon and I have discussed my expectations with the student.  
Teacher Signature: \_\_\_\_\_ Bldg. \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Completion of this form is required for each school year. It is not necessary to complete a form for each school as long as all your children's names & schools they attend are listed above. The information you provide will be included in a database for school staff use only. The results of your background check will be confidential and you will be contacted if there is a concern.

**Completion of the reverse side of this application is required!** ⇨

DISCLOSURE FORM FOR PROSPECTIVE VOLUNTEERS  
Pursuant to Chapter 43.43 RCW

In accordance with RCW 43.43.830, applicants and prospective volunteers are required to complete this disclosure form. The law also provides that the District may request a background investigation through the Washington State Patrol Criminal Identification Division and inquire with former employers or references and obtain any and all information regarding a volunteer's job-related background. For the safety of our children, the Orting School District requires ALL VOLUNTEERS to complete this form. Answer **YES or NO** to each item listed. If the answer is **YES** to any item, explain in the area provided, indicating the charge or finding, the date and 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 or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second or third degree assault of a child; 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; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child 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; criminal abandonment; or any of these crimes as they may be renamed in the future? **Answer** \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
2. Have you been convicted of any crime relating to financial exploitation as follows: First, second or third degree extortion; first, second or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future? **Answer** \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
3. Have you been convicted of any crime related to drugs as defined in RCW 43.43.830 as follows: A crime to manufacture, deliver, or possess with the intent to manufacture or deliver a controlled substance? **Answer** \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
4. Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor? **Answer** \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
5. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually assaulted or exploited any minor or to have physically abused any minor? **Answer** \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
6. Have you ever been found in any disciplinary board final decision, or by the director of the department of licensing, to have sexually abused or exploited any minor or to have physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult? **Answer** \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
7. Have you ever been, in the last seven years, released from prison or **convicted of any offense**? **Answer** \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
8. 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. 2. I authorize the Orting School District to make such investigations and inquiries as may be necessary in arriving at a volunteer placement decision. I further authorize any person contacted by the Orting School District to provide information to the Orting School District. I release and hold harmless Orting School District, my former employers, schools, or persons, from any and all liability in responding to inquiries in connection with my application. I understand that information from such individuals will not be made available to me. 3. I understand that any offer of volunteer placement is contingent upon an acceptable outcome of the criminal records check. I agree that the District may, at its discretion, preclude me from volunteer service if, among other reasons, I provide misleading or incomplete statements. I understand that I am required to abide by all policies, procedures and regulations of the Orting School District while I am volunteering.

Signature \_\_\_\_\_

**DISCRIMINATION- Orting School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated to handle questions and complaints of alleged discrimination: Title IX Coordinator, Executive Director for Human Resources, Debi Christensen, 360-893-6500, [christensend@orting.wednet.edu](mailto:christensend@orting.wednet.edu), 121 Whitesell St. NE., Orting, WA. 98360, 360-893-6500. Section 504/ADA Coordinator, Jennifer Westover, 121 Whitesell St. NE, Orting, WA. 98360, 360-893-6500, [westoverj@orting.wednet.edu](mailto:westoverj@orting.wednet.edu) Civil Rights Compliance Coordinator, Director of Human Resources, Debi Christensen at 121 Whitesell St. NE., Orting, WA. 98360, 360-893-6500, ext. 4028**