

Orting School District ❖ 2024/2025 ❖ VOLUNTEER/VISITOR APPLICATION FORM

FOR OFFICE USE ONLY	
Assigned to:	_____
School Year(s):	_____
WSP Check:	_____

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

Required: Provide a copy of your valid driver's license or state ID card.

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)

<u>Child's First & Last Name</u>	<u>Grade</u>	<u>Teacher's name</u>	<u>Circle school they attend</u>
_____	_____	_____	OES PTR OMS OHS
_____	_____	_____	OES PTR OMS OHS
_____	_____	_____	OES PTR OMS OHS

OR - I AM A:

- ___ Coach Volunteer who will work at OMS or OHS in _____.
(specify sports)
- ___ 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, program, etc.)

I AM INTERESTED IN VOLUNTEERING IN THE FOLLOWING AREAS:

- ___ Classroom and/or field trip volunteer (please arrange your schedule with teacher directly).
- ___ All-school projects and activities (e.g., book fairs, health screening, picture days, events)
→ Please contact the school or staff member in charge directly to help with events or activities.
- ___ Tutor or Mentor for 5th, 6th, or 7th grade student (minimum 1 hour per week for 1 year).

Comments: _____

Statement: I have completed, signed and submitted 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**. In some cases, an interview may be required before a decision of approval is made. Those approved must review specified policies/procedures, and sign and submit the *Volunteer Code of Conduct* form before volunteering. **Term:** Upon approval, this application is valid for the current and following school year. 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.

 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 not necessary 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 State's 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. **Check the box to the left of the crime listed if your answer is yes.** 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? If so, check the related box and provide an explanation below.

- | | |
|---|--|
| <input type="checkbox"/> Aggravated murder | <input type="checkbox"/> First or second-degree sexual misconduct with a minor |
| <input type="checkbox"/> Child abandonment | <input type="checkbox"/> First, second, or third-degree assault |
| <input type="checkbox"/> Child abuse or neglect as defined in RCW 26.44.020 | <input type="checkbox"/> First, second, or third-degree assault of a child |
| <input type="checkbox"/> Child buying or selling | <input type="checkbox"/> First, second, or third-degree child molestation |
| <input type="checkbox"/> Commercial sexual abuse of a minor | <input type="checkbox"/> First, second, or third-degree rape |
| <input type="checkbox"/> Communication with a minor | <input type="checkbox"/> First, second, or third-degree rape of a child |
| <input type="checkbox"/> Criminal abandonment | <input type="checkbox"/> Fourth degree assault (if a violation of RCW 9A.36.041(3)) |
| <input type="checkbox"/> Custodial assault | <input type="checkbox"/> Hate crime |
| <input type="checkbox"/> Endangerment with a controlled substance | <input type="checkbox"/> Incest |
| <input type="checkbox"/> Felony indecent exposure | <input type="checkbox"/> Indecent liberties |
| <input type="checkbox"/> First degree arson | <input type="checkbox"/> Promoting pornography |
| <input type="checkbox"/> First degree burglary | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> First degree promoting prostitution | <input type="checkbox"/> Selling or distributing erotic material to a minor |
| <input type="checkbox"/> First or second-degree criminal mistreatment | <input type="checkbox"/> Sexual exploitation of minors |
| <input type="checkbox"/> First or second-degree custodial interference | <input type="checkbox"/> Simple assault |
| <input type="checkbox"/> First or second-degree custodial sexual misconduct | <input type="checkbox"/> Unlawful imprisonment |
| <input type="checkbox"/> First or second-degree extortion | <input type="checkbox"/> Vehicular homicide |
| <input type="checkbox"/> First or second-degree kidnapping | <input type="checkbox"/> Violation of child abuse restraining order |
| <input type="checkbox"/> First or second-degree manslaughter | <input type="checkbox"/> Or, any of these crimes as they may be renamed in the future? |
| <input type="checkbox"/> First or second-degree murder | |
| <input type="checkbox"/> First or second-degree robbery | |

If yes, explain: _____

2. Have you been convicted of any crime relating to financial exploitation as follows?

- | | |
|---|--|
| <input type="checkbox"/> First, second, or third-degree extortion | <input type="checkbox"/> Forgery |
| <input type="checkbox"/> First, second- or third-degree theft | <input type="checkbox"/> Or, any of these crimes as they may be renamed in the future? |
| <input type="checkbox"/> First or second-degree robbery | |

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?

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? Yes / No

If yes, explain: _____

5. Have you ever been found by a court in a domestic relation proceeding under Title 26 RCW to have sexually assaulted or exploited any minor or to have physically abused any minor? Yes / No

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? Yes / No

If yes, explain: _____

7. Have you ever been the subject of an investigation as a result of allegations of neglect or abuse of a child or vulnerable adult or sexual misconduct? Yes / No

If yes, explain: _____

8. Have you ever had a teaching credential or other professional license suspended or revoked? Yes / No

If yes, explain: _____

9. Have you ever been, in the last seven (7) years, released from prison or **convicted of any offense**? Yes / No

If yes, explain: _____

10. 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. 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. I understand that any offer of volunteer placement is contingent upon an acceptable outcome of the criminal records check and I authorize the District to conduct a background check as often as annually. 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 _____

NON-DISCRIMINATION STATEMENT

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, marital status, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination and their offices are located at 121 Whitesell St NE, Orting, WA 98360:

Civil Rights Compliance/Title IX/ADA Coordinator
Debi Christensen, Exec. Director for Human Resources
360-893-6500, ext. 4028
christensend@orting.wednet.edu

Section 504 Coordinator
Dr. Jennifer Westover, Exec. Director for Student Support Services
360-893-6500, 4027
westoverj@orting.wednet.edu

Information about the nondiscrimination and sex-based discrimination policies and grievance procedures, and how to report a concern or complaint can be accessed [here](#). Title IX inquiries may also be directed toward the U.S. Department of Education, [Office for Civil Rights](#).