

Rainier School District No. 307

PO Box 98 Rainier WA 98576

Volunteer Background Check Form

Form is due to District Office at least **one week prior to desired volunteer date**

Volunteer Name: _____ Address: _____

Contact Numbers: _____ Student(s): _____

The willingness of community members to volunteer is greatly appreciated. For more information please contact the Elementary 446-4020, Middle School 446-2206, High School 446-2205 or District Office 446-2207

Where would you like to volunteer? Elementary _____ Middle School _____ High School _____
Teacher/Classroom _____

Areas interested in volunteering? K-5 Booster Club _____ MS/HS Booster Club _____ REF _____ Library _____
Concession Stands _____ Book Fair _____ Office _____ Sports _____ Field trips _____ Dances _____
Classroom _____ Other _____

The Rainier School District is required by Washington State Law (Child/Abuse Information Act RCW 43.43.830 through 43.43.845) to have all volunteers complete a background check and criminal history disclosure statement. All volunteers must be cleared through the Washington State Patrol Criminal History (WATCH) program. By signing this application, you are granting RSD permission to conduct the background check.

Applicant Disclosure – pursuant to RCW 43.43.830:

Have you ever been convicted of any crime? _____ Yes _____ No

Have you ever been convicted of a crime relating to sexual abuse, exploitation or physical abuse? _____ Yes _____ No

Have you ever been convicted of any crimes relating to drugs? _____ Yes _____ No

Have you ever been convicted of any crimes relating to financial exploitation, including extortion, theft, robbery or forgery? _____ Yes _____ No

Do you currently have any outstanding criminal charges or warrants in WA or any other state or country _____ Yes _____ No

I certify under penalty of perjury according to the laws of the State of Washington that the foregoing is true and correct.

Signature

Date

Name as it Appears on Your Driver's License

Maiden/Other Name(s) Used

Date of Birth _____ Gender _____ Male _____ Female

For RSD use only

WSP: Approved _____

Denied _____ by _____

Rainier Elementary Volunteer Protocols

Thank you for your interest in volunteering at Rainier Elementary! This form reviews our Volunteer Protocols and helps our volunteer coordinator place you in the area you would like to help. Please review the following, note that you read the protocols, and sign at the end of the form. A completed Volunteer Protocols form is required for volunteering at Rainier Elementary School.

1. Confidentiality is of the utmost importance in your association with teachers and students. What you see and hear at school is private. You are in a unique position when you volunteer in the classroom to have information that is not to be shared. Students you observe in the classroom or the school cannot be discussed with other parents, faculty, or staff. You may not discuss a child even with that child's parents. You must always refer any questions regarding students at Rainier Elementary to the child's teacher or the principal.

____ I understand

2. If you are on a field trip, we assume you are chaperoning. We are expecting your full attention for the children you are supervising on the field trip. Please do not bring any other children with you.

____ I understand

3. Cell phones are to be turned off in the classrooms.

____ I understand

4. Volunteers are not to discipline students.

____ I understand

5. If you are unable to help out during the school day, there are other school-related activities that could use your help. Feel free to call the office for more information. Your involvement is important to your child.

____ I understand

My child's name/teacher _____

VERIFICATION OF INFORMATION The information on this form is true and accurate as of this date. Please sign your name below.

Name: _____

Date _____