

Rainier School District No. 307

PO Box 98 Rainier WA 98576

Volunteer Background Check Form

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

Print Name

Alias/Maiden Name(s)

Date of Birth _____ Gender _____ Male _____ Female

<p><i>For RSD use only</i> WSP: Approved _____ Denied _____ by _____</p>
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