

# WASHINGTON STATE PATROL

Identification and Criminal History Section

Olympia, WA 98504-2633

(360) 705-5100

<http://www.wa.gov/wsp/wsphome.htm>

SCHOOL LOCATION: \_\_\_\_\_

CHILD(RENS) NAME: \_\_\_\_\_

**REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT (RCW 43.43.830 THROUGH 43.43.845) FOR VOLUNTEERING WITH FEDERAL WAY PUBLIC SCHOOLS – PLEASE DO NOT MAIL TO WSP, RETURN COMPLETE FORM TO THE SCHOOL**

**INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING CRIMINAL HISTORY RECORD INFORMATION FROM THE WASHINGTON STATE PATROL IDENTIFICATION AND CRIMINAL HISTORY SECTION. PLEASE LIST ANY OTHER LOCATIONS YOU MAY VOLUNTEER AT IN SCHOOL LOCATIONS ABOVE.**

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

## **A** VOLUNTEER – APPLICANT INFORMATION: (Please print clearly)

Applicant's Name \_\_\_\_\_  
Last First Middle

Alias/Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**The information I have provided is correct and I have received FWPS harassment policies 5266 and 3207.**

Applicant Signature: \_\_\_\_\_

As of this date, the applicant named above shows no evidence pursuant to RCW 43.43.830-43.43-845.

**Valid for 2 years from date of stamp**

**WSP/FWPS USE ONLY**

## **B** REQUESTER INFORMATION:

Rick Serns, Director of Employment Services

Name/Title of Requestor

*Rick Serns*

I certify this request is made pursuant for the purpose indicated

### **REQUESTERS ADDRESS:**

Federal Way Public Schools

Attn: Human Resources

33330 8th Avenue South

Federal Way, WA 98003

Right Thumb Print (if requested by Human Resources)

**FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL**  
**AT (360)705-5100**  
**EMAIL ADDRESS: CRIMHIS@WSP.WA.GOV**  
**Washington State Patrol WEBSITE: http://www.wa.gov/wsp/**  
**CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES**

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses, organizations, or individuals. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. *Searches can be conducted only on prospective employees, volunteers, or adoptive parents.*  
Background checks can be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment or engagement decisions only.

Background checks on current employees/volunteers should be done through Criminal Records Privacy Act, RCW 10.97

2. *Applicants must be notified an inquiry may be made.*  
A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer that an inquiry may be made.
3. *A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.*  
A business or organization shall require each applicant to disclose whether the applicant has been:
  - a. convicted of any crime against children or other persons;
  - b. convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
  - c. convicted of crimes related to drugs as defined in RCW 43.43.830;
  - d. 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;
  - e. found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;
  - f. found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult;
  - g. found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

The disclosure shall be made in writing and signed by the applicant and sworn under penalty of perjury. The disclosure sheet shall specify all crimes against children or other persons, all crimes relating to drugs, and all crimes relating to financial exploitation as defined in RCW 43.43.830 in which the victim was a vulnerable adult.

4. *Applicants must be notified of the response.*  
The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

### **WASHINGTON STATE PATROL RESPONSE**

This identification certificate is the result of a request for criminal conviction record information from the Washington State Patrol Identification and Criminal History Section on a prospective applicant by a business or organization. Pursuant to the Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.845, if the conviction record, disciplinary board final decision, or civil adjudication record shows no evidence of a crime against children or other persons, an identification declaring the showing of no evidence shall be issued to the applicant.

# FEDERAL WAY PUBLIC SCHOOLS DISCLOSURE STATEMENT

Please complete the following questions and sign the declaration. Any falsification or deliberate misrepresentation, including omission of a material fact or failure to complete any part of your application or this questionnaire can be grounds for denial of volunteer status, employment or continued employment with Federal Way Public Schools.

All required documentation requested must accompany this form. If additional space is needed, attach a sheet of paper.

## SECTION I – PERSONAL INFORMATION (please print or type)

1. NAME: \_\_\_\_\_  
Last First Middle
2. Please list all former names (a) you have used when working for another employers or (b) by which you are known to reference.

## SECTION II – PROFESSIONAL FITNESS

If you answer "yes" to questions 1 through 4, on a separate sheet of paper, give a complete explanation, including duties, circumstances, and any supporting documentation.

Yes No

1. Have you ever been dismissed, discharged or fired from any employment?
2. Have you ever resigned from or otherwise left any employment while allegations of misconduct on your part were pending or under investigation?
3. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
4. Are you currently the subject of any investigation or inquiry by an employer because of allegations of misconduct or harassment on your part or have you ever been found to be guilty of misconduct or harassment by an employer?

## SECTION III – CRIMINAL HISTORY

If you answer "yes" to questions 1 through 9, you must provide a detailed statement.

1. Check any of the following for which you have been convicted, including any of these crimes as they may have been renamed: (The term "convicted" includes all instances in which a finding of guilt, a plea of guilty or nolo contendere, or stipulation to facts or deferred or suspended sentence occurred).
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Custodial Assault                                      | <input type="checkbox"/> Child Buying or Selling                             | <input type="checkbox"/> First Degree Arson                               |
| <input type="checkbox"/> First or Second Degree Manslaughter                    | <input type="checkbox"/> Indecent Liberties                                  | <input type="checkbox"/> Malicious Harassment                             |
| <input type="checkbox"/> First, Second, or Third Degree Rape                    | <input type="checkbox"/> Felony Indecent Exposure                            | <input type="checkbox"/> First Degree Burglary                            |
| <input type="checkbox"/> Prostitution   | <input type="checkbox"/> Sexual Exploitation of Minor(s)                     | <input type="checkbox"/> Criminal Abandonment                             |
| <input type="checkbox"/> First Degree Promoting Prostitution                    | <input type="checkbox"/> Vehicular Homicide                                  | <input type="checkbox"/> Aggravated Murder                                |
| <input type="checkbox"/> First or Second Degree Robbery                         | <input type="checkbox"/> Incest  | <input type="checkbox"/> First or Second Degree Murder                    |
| <input type="checkbox"/> Patronizing a Juvenile Prostitute                      | <input type="checkbox"/> Unlawful Imprisonment                               | <input type="checkbox"/> Promoting Pornography                            |
| <input type="checkbox"/> First, Second or Third Degree Extortion                | <input type="checkbox"/> Simple Assault                                      | <input type="checkbox"/> First or Second Degree Kidnapping                |
| <input type="checkbox"/> First, Second, or Third Degree Assault of a Child      | <input type="checkbox"/> First or Second Degree Criminal Mistreatment        | <input type="checkbox"/> First, Second, or Third Degree Child Molestation |
| <input type="checkbox"/> First or Second Degree Sexual Misconduct with Minor(s) | <input type="checkbox"/> First or Second Degree Custodial Interference       | <input type="checkbox"/> Communication with a Minor for Immoral Purposes  |
| <input type="checkbox"/> Child Abuse or Neglect as Defined in RCW 26.44.020     | <input type="checkbox"/> Selling or Distributing Erotic Material to Minor(s) | <input type="checkbox"/> First, Second, Third Degree Rape of Child        |
|   | <input type="checkbox"/> Violation of Child Abuse Restraining Order          |   |



Check here if you have not been convicted of any of the above, including any of these crimes as they may have been renamed.

OVER

Yes No

2. Have you been convicted of crimes relating to **financial exploitation** if the victim was a vulnerable adult as defined in Chapter 43.43.830(6) RCW as amended, and listed as follows: first, second, or third degree extortion; first or second degree robbery; first, second, or third degree theft; forgery or any of these crimes as they may be renamed in the future?
3. Have you ever 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?
4. 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?
5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?
6. Have you ever been found in any disciplinary board final decision, or by the director of the department of licensing in the following businesses or professions, to have sexually or physically abused any minor, or developmentally disabled person, or to have abused or financially exploited any vulnerable adult: chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, psychology, real estate brokers, and salespersons?
7. (a) Do you currently have any outstanding criminal charges / warrants of arrest pending against you in Washington?  
(b) Do you currently have any outstanding criminal charges / warrants of arrest pending against you in any other state, province, territory, and/or country?
8. Are you presently under investigation in any jurisdiction for possible criminal charges? If "yes", identify agency and location (street address, city, state).
9. **Have you ever been convicted of any crime?** (Note: For the purpose of this question "convicted" includes (1) all instances in which a plea of guilty or nolo contendere is the basis of conviction, and (2) all proceedings in which a sentence has been suspended, deferred or dismissed). **Examples:** Driving while license suspended / revoked, reckless driving, DUI, assault, domestic violence etc...

You need not list traffic violations for which a fine or forfeiture of less than \$150 was imposed

**If you answered "yes" to questions 1 through 9 of (Section III),** provide the following: \*A detailed statement including what occurred, the nature of the offense, charge or warrant: \* The name and address of the arresting agency: \* The date of the arrest: \* The final disposition, if any: \* If a court was involved, the name and address of the court: \* The complete arrest report and sentence and judgment: and \* A complete driving abstract for five years if the arrest was driving related. A "yes" answer to questions 7 through 9 above will not necessarily bar you from employment or volunteering.

#### SECTION IV – FITNESS

Yes No

1. Do you currently use illegal drugs?
2. Have you used illegal drugs in the last year? If your answer is "yes," explain on a separate sheet of paper.
3. Have you ever been convicted of crimes related to drugs or controlled substances?
4. Have you ever been found in any dependency or domestic relation matter to have physically abused any person?

**If you answered "yes" to questions 3 or 4, attach copies of any court orders entered in the above proceeding.**

#### DECLARATION

An inquiry to the Washington State Patrol and the Federal Bureau of Investigation will be made on the selected candidate. If the information provided or answer(s) to any question on the application or the Pre-Employment Background Questionnaire change prior to my being hired, I understand that I must immediately notify Federal Way Public Schools.

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under laws of the state of Washington that the foregoing is true and correct. I authorize Federal Way Public Schools to inquire with former employers or references and obtain any employer and all information regarding my job related background. I release and waive Federal Way Public Schools, my former employer and all references from any and all liability in obtaining or disclosing such information. I agree that if I have provided false or incomplete statements, the district may, at its sole discretion, without notice or due process procedures, terminate my employment contract. If such action is taken by the district, the contract shall be deemed void from its inception. For volunteer applicants, Federal Way Public Schools reserves the right to terminate or revoke a volunteer's status at any time.

Signature

Date City/State

## VOLUNTEER CHECKLIST / AGREEMENT: 5630F

The District recognizes the valuable contribution made to the total school program through the volunteer assistance of parents and other citizens. We thank you for your assistance and support. To safeguard students and student records it is necessary that all volunteers be screened and trained regarding their involvement with students and school activities. Staff and volunteers should allow a minimum of 2-5 days after all forms have been completed and submitted to the Human Resources department for a volunteer applicant to receive clearance to begin serving as a volunteer. We thank you for your understanding of the need for these safeguards. Please read and check each of the statements below.

- \_\_\_\_\_ Complete the applicant portion of the Washington State Patrol Request for Criminal History Information form and return to the school secretary (or athletic director for volunteer coaches). This form is good for two years for regular volunteers and one year for volunteer coaches.
- \_\_\_\_\_ Complete and return the Federal Way Public Schools Disclosure form.
- \_\_\_\_\_ If fingerprinting is required, (volunteer coaches and those having unsupervised access to children), have fingerprinting done at the Human Resources office, and provide a photo ID. If you have completed this for another school our group, within the past two years, you may provide us with a copy for our files, in accordance with RCW 28A.320.155.

Your signature below indicates your agreement to abide by all of the following expectations and that you have completed the above forms prior to providing volunteer services.

### Role and Expectations

- \_\_\_\_\_ Volunteers serve as helpers. I understand that all volunteer activities are to be conducted under the supervision of District staff, and that all instructional service is to be rendered under the control and supervision of certificated staff.
- \_\_\_\_\_ Staff members will determine and notify volunteers if any specific training or direction is required before assisting with an activity. I will confirm assigned responsibilities and expectations with the supervising staff member before beginning any activity.
- \_\_\_\_\_ Student problems which arise, whether of an instructional, medical, behavioral or operational nature, shall be referred to a regular staff member for final resolution.
- \_\_\_\_\_ I will follow the building procedures for signing in and out each and every time I volunteer at the school.
- \_\_\_\_\_ I will wear an identification badge/tag/pin as required by the school.
- \_\_\_\_\_ I understand that the District may revoke the engagement of a volunteer at any time. I understand that I am required to follow all District policies and procedures. I have read the District's policies and procedures pertaining to expectations for students, staff, and volunteers regarding harassment and bullying (3207, 3207P, 5266, 5266P), maintaining professional boundaries (5253, 5253P), and volunteering (5630, 5630P, 5630F). These are available on-line or at the school or ESC offices. I understand that failure to follow District policy and procedures or any part of this Agreement may result in my volunteer status being revoked and could in some cases subject me to legal liability. I understand that if I am convicted of any crimes following completion of this form, I must immediately report those to the Assistant Superintendent of Human Resources.

### Use of District Technology

- \_\_\_\_\_ I will not use computer systems, logins, or accounts that have been assigned to someone else. If authorized to use a District computer I will sign and abide by the District Technology User Agreement.

### Confidentiality

- \_\_\_\_\_ I understand that volunteers shall not discuss the performance, actions, or any other information about any student except with the student's teacher, school counselor or principal. This is not only District policy but is also mandated by federal statute, The Family Educational Rights and Privacy Act, 34 CFR Part 99. I understand that confidentiality pertains to both written records and verbal statements.

\_\_\_\_\_  
Children's Names - if Current FWPS Students

\_\_\_\_\_  
Name of Volunteer – Please Print

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

I am requesting that \_\_\_\_\_ be approved to volunteer at our school, subject to proper clearance.

\_\_\_\_\_  
Principal/designee

\_\_\_\_\_  
HR Approval