



**Federal Way Public Schools  
Volunteer Application**

**SCHOOL NAME(S):** \_\_\_\_\_

**CHILD(REN)S 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-RETURN COMPLETE FORM TO THE SCHOOL.

**INSTRUCTIONS:** PLEASE COMPLETE THIS FORM WHEN INTERESTED IN VOLUNTEERING FOR FEDERAL WAY PUBLIC SCHOOLS. COMPLETING THIS FORM ALLOWS FWPS TO REQUEST CRIMINAL HISTORY RECORD INFORMATION FROM THE WASHINGTON STATE PATROL IDENTIFICATION AND CRIMINAL HISTORY SECTION. **PLEASE LIST ALL SCHOOL LOCATIONS YOU MAY VOLUNTEER IN FWPS IN THE SCHOOL NAME(S) SECTION ABOVE.**

A COMPLETED APPLICATION INCLUDES A COPY OF THE APPLICANT'S DRIVER'S LICENSE.

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

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Address \_\_\_\_\_

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

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

As of this date, the applicant named above shows no evidence pursuant to RCW43.43.830-43.43-845. Valid for 2 years from the date of the stamp  
**FWPS USE ONLY**

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

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

**B. VOLUNTEER INTEREST**

- Level 1: School/Classroom/Field Trips - within direct supervision of a certificated staff member.
- Level 2: Over-nights/ Out of State Field Trips Event - out of direct line of sight of certificated staff member.

In support of safety and security for all scholars, fingerprinting and background checks should be on files for all volunteers seeking level 2. There is a \$65 fee for this service that will be paid for by the building/district. fingerprint and background checks should occur at least 2 weeks prior to the scheduled event. These processes are good for 2 years after cleared through OSPI.

**C. REQUESTER INFORMATION:**

**Requesters Address:  
Federal Way Public Schools  
Attn: Safety and Security  
33330 8<sup>th</sup> Avenue South  
Federal Way, WA 98003  
253-945-2290**

## 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

1. NAME: \_\_\_\_\_  
Last First Middle
2. Please list all former names (a) you have used when working for another employer 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 licenses 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 or 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.

\_\_\_\_\_  
Signature of Principal

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