

**FOR OFFICE USE**  
Inactive date \_\_\_\_\_



# Volunteer Program Application

Full name: \_\_\_\_\_

Alias/maiden name(s): \_\_\_\_\_ E-mail \_\_\_\_\_

Street address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Female  Male

Emergency contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Do you have a child(ren) attending the school?**  Yes  No **Name(s) of child(ren)/grade(s):** \_\_\_\_\_

**School/site preferred:** \_\_\_\_\_

ID verified (Driver's license or other ID with name and birth date)  Initials of school representative who verified I.D. \_\_\_\_\_

How long have you lived in the state of Washington? \_\_\_\_\_ Years \_\_\_\_\_ Months

## Program Information

Please check **ONLY** what applies to your volunteer service at this time

| Please Check:<br><b>AFFILIATION</b>                              | Please Check:<br><b>ACTIVITY</b>                            |
|--|---|
| <input type="checkbox"/> Parent, Guardian, Family Member         | <input type="checkbox"/> Classroom Helper                   |
| <input type="checkbox"/> Community Organization Name: _____      | <input type="checkbox"/> Field Trip Chaperone               |
| <input type="checkbox"/> University Service Learning Name: _____ | <input type="checkbox"/> Office, Library, Playground Helper |
| <input type="checkbox"/> Service Club Name: _____                | <input type="checkbox"/> Enrichment (Art, Drama, Music)     |
| <input type="checkbox"/> Business Name: _____                    | <input type="checkbox"/> Mentoring                          |
| <input type="checkbox"/> Faith Organization Name: _____          | <input type="checkbox"/> Tutoring                           |
| <input type="checkbox"/> High School Student School: _____       | <input type="checkbox"/> Attendance Review Boards           |
| <input type="checkbox"/> Other                                   | <input type="checkbox"/> Other                              |

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 understand that this offer to volunteer with Spokane Public Schools is contingent upon an acceptable response from the Washington State Patrol and/or federal law enforcement agency, whose criminal history review will be sought of all applicants on a biennial basis. I agree that Spokane Public Schools may, at its discretion, preclude me from volunteer service if, among other reasons, I provide misleading or incomplete statements. Furthermore, I have received and reviewed the volunteer manual from the Spokane Public Schools Volunteer Program and agree to comply with its contents.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature if under 18 \_\_\_\_\_ Date \_\_\_\_\_

**Please submit this form to any school, mail to Volunteer Services at 200 N Bernard St., Spokane, WA 99201, or scan and email to [volunteerservices@Spokaneschools.org](mailto:volunteerservices@Spokaneschools.org).**

**Clearance Date**



**Spokane Public Schools**  
*excellence for everyone*

# Volunteer Clearance Application

**Return to:  
Volunteer Services  
CONFIDENTIAL**

Spokane Public Schools complies with all federal and state rules and regulations and does not discriminate on the basis of age, sex, marital status, race, color, creed, national origin, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability, sexual orientation including gender expression or gender identity, or honorably discharged veteran or military status. This holds true for all students who are interested in participating in educational programs and/or extracurricular school activities and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX/Staff Civil Rights Officer, ADA Officer, Harassment, Intimidation, Bullying (HIB)/Student Civil Rights Officer and/or 504 Compliance Officer. Officers: \*Title IX/Staff Civil Rights Officer, Jodi Harmon, (509) 354-7306 \*Harassment, Intimidation, Bullying (HIB)/Student Civil Rights Officer, Jodi Harmon, (509) 354-7306 \*504 Compliance Officer, Jodi Harmon, (509) 354-7306 \* ADA Officer, Stephanie Busch, (509) 354-5993 \* Affirmative Action Officer, Nancy Lopez-Williams, (509) 354-5651 \* Equal Opportunity Officer, Nancy Lopez-Williams, (509) 354-5651 \* 200 N. Bernard Street, Spokane, WA 99201-0206

# VOLUNTEER DISCLOSURE STATEMENT

In order to provide the safest environment for our children, all volunteers are required to complete this disclosure. Information provided will be kept confidential and will not necessarily bar you from volunteering in the district. If you prefer to place this sheet in a sealed envelope prior to submitting it with your volunteer application, please do so. It will be reviewed by Volunteer Services in the Administration Building and not by your building volunteer coordinator.



NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**Please provide a thorough explanation for each “Yes” answer in the space provided on the following page. Include the nature, date and location of the charge(s) and any further details explaining the situation. Applications that do not provide a thorough explanation will be returned for completion. To expedite the clearance process, please include copies of any legal documentation that would apply to any dropped or dismissed charges.**

- YES  NO 1. Have you ever held a teaching certificate? (If yes, please indicate what state the license was issued below.)
- YES  NO 2. Have you ever had an educational or job related license, permit, or certificate revoked or suspended, or been subject to discipline, from a licensing or certification agency, such as the State Board of Education or Professional Educators Standards Board, in this State or any other jurisdictions?
- YES  NO 3. Have you ever been on a plan of improvement or placed on probation with any employer?
- YES  NO 4. Have you ever been placed on administrative leave pending investigation of allegations of misconduct with any employer?
- YES  NO 5. Have you ever been disciplined, discharged, non-renewed or threatened to be disciplined, discharged or non-renewed from any employment?
- YES  NO 6. Have you ever resigned or otherwise separated from any employment in order to avoid discipline, discharge, nonrenewal, threatened discipline, discharge or nonrenewal, or perceived future discipline, discharge or nonrenewal?
- YES  NO 7. Are you presently charged with or been arrested for, but not convicted of, any crime? (A pending criminal charge will not necessarily bar you from volunteering in the District.) If yes, include an explanation of the nature of the charge, place, date, and court.
- YES  NO 8. Have you ever been convicted of any crime? (The term “convicted” means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, a stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution. Exclude civil infractions, such as minor traffic citations. DUI and DWI convictions are not minor traffic citations and must be reported.)
- YES  NO 9. 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? (Vulnerable adult means adults of any age who lack the functional, mental or physical ability to care for themselves.)
- YES  NO 10. Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance?
- YES  NO 11. 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?
- YES  NO 12. Have you ever been 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?
- YES  NO 13. Have you ever been found in any disciplinary board final decision to have sexually or physically abused any minor or developmentally disabled person, or to have abused or financially exploited any vulnerable adult? (“Disciplinary board final decision” means (a) any final decision by the director of the Department of Licensing for real estate brokers and salespersons and (b) any final decision by a disciplinary authority under Chapter 18.130 RCW of the secretary of the Department of Health for the following businesses or professions: chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, and psychology.)
- YES  NO 14. Are you presently charged with, but not convicted of, any of the crimes or offenses described in questions 9 through 14 above?

Please provide a thorough explanation for each “yes” answer in the box provided on the following page.

15. Check any of the following for which you have been charged and/or convicted, including any of these crimes as they may have been renamed: **(Provide explanation in space provided or attach separate sheet.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Custodial Assault                                  | <input type="checkbox"/> First or Second Degree Sexual Misconduct with Minor(s) |
| <input type="checkbox"/> First, Second, or Third Degree Assault of a Child  | <input type="checkbox"/> Patronizing a Juvenile Prostitute                      |
| <input type="checkbox"/> First, Second, or Third Degree Assault             | <input type="checkbox"/> Selling or Distributing Erotic Material to Minor(s)    |
| <input type="checkbox"/> Simple Assault                                     | <input type="checkbox"/> Sexual Exploitation of Minor(s)                        |
| <input type="checkbox"/> First or Second Degree Custodial Interference      | <input type="checkbox"/> Communication with a Minor for Immoral Purposes        |
| <input type="checkbox"/> Incest   | <input type="checkbox"/> First Degree Arson                                     |
| <input type="checkbox"/> First, Second, or Third Degree Rape of a Child     | <input type="checkbox"/> First Degree Burglary                                  |
| <input type="checkbox"/> Child Abandonment                                  | <input type="checkbox"/> Aggravated Murder                                      |
| <input type="checkbox"/> Child Abuse or Neglect as Defined in RCW 26.44.020 | <input type="checkbox"/> First or Second Degree Murder                          |
| <input type="checkbox"/> Violation of Child Abuse Restraining Order         | <input type="checkbox"/> First or Second Degree Extortion                       |
| <input type="checkbox"/> Child Buying or Selling                            | <input type="checkbox"/> First or Second Degree Manslaughter                    |
| <input type="checkbox"/> First or Second Degree Kidnapping                  | <input type="checkbox"/> First, Second, or Third Degree Rape                    |
| <input type="checkbox"/> First, Second, or Third Degree Child Molestation   | <input type="checkbox"/> First or Second Degree Robbery                         |
| <input type="checkbox"/> Indecent Liberties                                 | <input type="checkbox"/> Criminal Abandonment                                   |
| <input type="checkbox"/> Felony Indecent Exposure                           | <input type="checkbox"/> First or Second Degree Criminal Mistreatment           |
| <input type="checkbox"/> Vehicular Homicide                                 | <input type="checkbox"/> Promoting Pornography                                  |
| <input type="checkbox"/> Unlawful Imprisonment                              | <input type="checkbox"/> First Degree Promoting Prostitution                    |
| <input type="checkbox"/> Malicious Harassment                               | <input type="checkbox"/> Prostitution   |
| <input type="checkbox"/> Endangerment with a Controlled Substance           | <input type="checkbox"/> First or Second Degree Custodial Sexual Misconduct     |
| <input type="checkbox"/> Forgery  | <input type="checkbox"/> First or Second Degree Theft                           |

**Please provide an explanation for all YES answers in the previous questions or any box checked in #15: (Please indicate the question number above that you are referring to.) Include the nature, date and location of the charge(s) and any further details explaining the situation. Attach additional sheet if necessary. Applications that do not include a thorough explanation will be returned for completion.**

## CERTIFICATION, AUTHORIZATION AND RELEASE

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. If necessary to obtain volunteer status, I authorize Spokane Public Schools to conduct a background investigation into my past employment, education, vocational, and other activities such as my criminal background. To conduct this investigation, I authorize the District to obtain any information regarding me to evaluate my suitability for volunteer status. I understand that the information may include, but is not limited to, criminal background information. I further authorize any current/former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the District to which I am applying to volunteer with any information regarding me. I further authorize the District to disclose any information they may have regarding me if such information is requested by a potential future employer of me. I hereby release and discharge said District and those who provide, receive or use such information from any and all liability as a result of furnishing and receiving this information. **I understand and agree that false or misleading information, including omissions, in my application shall be sufficient cause to limit or remove opportunities to volunteer.** References and personal information that become a part of this application will be regarded as confidential and shall not be revealed to me. I understand that any offer to volunteer that may be made to me is conditional and subject to the acceptable outcome of criminal history background information check; and the approval of the District’s representatives.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_