



Joe Belmonte, Superintendent

Dear Future Volunteer:

Congratulations for choosing to volunteer with the Tenino School District. The evidence is beyond dispute, when schools partner with families to support learning, children succeed not just in school, but throughout life. On behalf of the School Board and staff, I extend a warm welcome to you.

District policy requires volunteers to submit an application on an annual basis. This application will cover your involvement in all Tenino Schools for the 2014-2015 school year.

In order to ensure that our schools continue to be a safe learning environment, the District is required by Washington State law to have all volunteers complete a background check and a criminal history disclosure statement. Your Washington State Patrol report will be treated with confidentiality and kept on file. Misdemeanor offenses will be decided on a case by case basis. *If you have a felony or a crime against a child, your application will be denied.*

Please complete the volunteer application in ink and be sure to sign it. The application cannot be processed without your signature. Please attach a copy of your Driver License or state issued picture ID card.

After the completed paperwork has been received, please allow 10 days for processing your application.

Completed applications may be delivered to any Tenino school office, the District office located at 301 Old Hwy. 99 North in Tenino, or mailed to:

Volunteer Program
Tenino School District
PO Box 4024
Tenino, WA 98589

Parents, guardians, staff, and the larger Tenino community all want a quality education for our children. With your volunteer contribution, we will be much closer to realizing this goal. I look forward to working with you as a partner in pursuit of educational excellence.

Sincerely,

Joe Belmonte
Superintendent

VOLUNTEER - APPLICATION

Please complete application, confidentiality statement, and attach a copy of your driver license or state issued picture ID card.

NAME _____ DATE _____

MAIDEN / BIRTH NAME _____

MAILING ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ WORK OR MOBILE PHONE _____

Applicant Disclosure Pursuant to RCW 43.43.834 - Child & Adult Abuse Information Act

1. Have you ever been charged and or convicted of any crime against persons?

YES **NO**

2. Have you ever been found in any dependency action, domestic relations proceedings, or a disciplinary board final decision, to have sexually abused, sexually assaulted, exploited, or physically abused any minor?

YES **NO**

If you answered NO to each of the questions please complete the Washington State Patrol Identification form.

If you answered YES to the any of the above questions and still wish to volunteer, please explain the circumstances and then complete the Washington State Patrol Identification form.

WASHINGTON STATE PATROL
Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633
REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ABUSE INFORMATION ACT
RCW43.43.830 THROUGH 43.43.845

This background check cannot be processed without your signature and picture ID

APPLICANT OF INQUIRY

Applicant's Name _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____

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

I certify under penalty of perjury according to the laws of the state of Washington that the foregoing is true and correct. I understand my time will be spent in a volunteer capacity only.

Applicant's Signature

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For office use only

Interviewed by _____ Date _____

Ref. checked by _____ Date _____

WSP check date _____