

VOLUNTEER INFORMATION FORM

HIGHLINE SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT

SCHOOL / LOCATION: _____ (Needed)

Information Required
for
Verification of Clearance

Please print this
information legibly so it
can be read.

NAME: _____
(Last) (First) (MI)
ALIAS/MAIDEN NAME: _____
(Please list all last names used)
DATE OF BIRTH: _____ SEX: _____ RACE: _____
DRIVERS LIC #/STATE: _____ / _____ SS# _____

Volunteer
Emergency Information
and contacts

SPOUSE: _____ WORK #: _____
ALTERNATIVE CONTACT: _____
HOME #: _____ WORK #: _____
DOCTOR'S # _____ PHONE #: _____
PREFERRED HOSPITAL: _____
MEDICAL INSURANCE: YES NO INSURANCE COMPANY: _____
LIST ANY KNOWN HEALTH PROBLEMS: _____

Volunteer Personal
Information
for the school

ADDRESS: _____
(Street) (City) (Zip)
HOME PHONE #: _____ WORK PHONE #: _____
VOLUNTEER JOB: _____
ROOM/TEACHER: _____ CHILD'S NAME: _____

I understand that my volunteer work is contingent upon successful completion of a background check with the Washington State Patrol. I hereby certify that the information that I have given is true and accurate.

Signature of Volunteer: _____ Date: _____

Drivers license verified by: _____ to check for correct birthdate and spelling of name. Date: _____

FOR HUMAN RESOURCES USE ONLY

This is to verify that the volunteer shown above has cleared the Washington State Patrol check through WATCH (Washington Access to Criminal History.)

Cleared: _____ Expires: _____ Verified by: _____

PLEASE FILL OUT ATTACHMENT AND SIGN

**HIGHLINE SCHOOL DISTRICT
VOLUNTEER DISCLOSURE STATEMENT
PURSUANT TO CHAPTER 43.43 RCW**

Please Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date of the conviction or finding, the court(s) involved, and the penalty imposed. I understand that the Highline School District may inquire of state and federal law enforcement or other agencies and examine court or agency records regarding my criminal history and civil adjudications.

1. Have you **ever** been convicted of any crime? Yes No

The term '**convicted**' means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution.

If YES, PLEASE EXPLAIN BELOW.

2. Have you **ever** had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding. Yes No

A civil adjudicative proceeding includes a judicial or administrative proceeding as well as findings by the Department of Social and Health Services or the Department of Health that you have not administratively challenged or appealed.

If YES, PLEASE EXPLAIN BELOW.

Any misrepresentation or omission of facts shall be grounds for denial of volunteer opportunities.

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.

Print Name _____
Signature _____
Date _____
Place _____