



EDMONDS SCHOOL DISTRICT



Washington State Patrol

**Request for Criminal History Information Child/Adult
Abuse Information ACT RCW 43.43.830 – 43.43.845**

Name:			
Legal Name	First	Middle (required)	Last
Date of Birth:			
Have you ever used another name? (i.e. Nick name, maiden name, other last names) Please list below:			
Address:			
	Street		Apt/Suite #
	City	State	Zip
Phone:			
	Cell Phone	Home Phone	Message Phone
Email:			
Have you ever been convicted of a crime? Yes No			
Have you ever had findings made against you in any civil adjudicative proceeding? Yes No			
Have you ever had both a conviction and findings made against you? Yes No			
If you answered YES to any of the above, please give explanation below:			
<p>I have read the information contained in this application. 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 authorize the Edmonds School District to conduct a background check and to obtain any and all information needed to process my volunteer application. I understand that the District may, at its discretion, exclude me from volunteering for any reason, including any misleading or incomplete statements on this application. Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.</p> <p><i>Background check results will be made available to you within 10 days of the report being run, consult our office for details.</i></p>			

Print Name			

Signature		Today's Date	

YOU MUST ANSWER ALL EIGHT (8) ITEMS ON THIS FORM.

Applicant/Volunteer Name (Please Print)

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 prosecution, or suspended sentence occurred).

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

Check here if you have **NOT** been convicted of **ANY** of the above, including **ANY** of these crimes as they may have been renamed.

2. Check any of the following if you have ever been convicted of these crimes relating to financial exploitation where the victim was a vulnerable adult (defined as adults of any age who lack the functional, mental, or physical ability to care for themselves).

- First, Second, or Third Degree Extortion
- First, Second, or Third Degree Theft
- First, Second, or Third Degree Robbery
- Forgery
- Any of the foregoing crimes as they may have been renamed

Check here if you have **NOT** been convicted of **ANY** of the above, including **ANY** of these crimes as they may have been renamed.

If you checked any of the boxes in questions 1 and 2, indicating that you have been convicted of a crime (as listed or renamed), please attach an explanation.

¹ All prospective employees who will or may have unsupervised access to children under 16 years of age, developmentally disabled persons, and/or vulnerable adults are "applicants".

3. 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
4. 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
5. 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
6. Have you ever been found in any disciplinary board final decision to have sexually or physically abused any minor or develop mentally 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 or (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
7. 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?
 YES NO
8. Are you presently charged with, but not convicted of, any of the crimes or offenses described in Questions 1 through 7 above?
 YES NO

If you answered YES to any questions 3 through 8, please attach an explanation.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature of Applicant/Volunteer

Date

An inquiry may be made to the Washington State Patrol or a federal law enforcement agency to verify your responses to the above inquiries. A copy of any response received pursuant to such inquiry will be made available to you.

Guidelines for Volunteer Field Trip Chaperones

THANK YOU FOR YOUR SUPPORT!

The Edmonds School District believes that field trips provide valuable educational experiences for students. Without the help of volunteer chaperones, many field trips would not be possible. We thank you very much for giving your time and support to these important activities. To help ensure that District-sponsored field trips result in safe and rewarding experiences for all participants, the following guidelines have been developed to outline the procedures and conduct expectations that apply to all volunteer chaperones.

In addition to these guidelines, all volunteer chaperones will receive an orientation on their role as chaperone from the district staff member responsible for supervising the field trip. If you have any questions regarding these procedures or guidelines, please contact the supervising staff member, the building principal, or program manager.

PROCEDURE FOR BECOMING A VOLUNTEER FIELD TRIP CHAPERONE

Because student safety is a paramount concern, Washington State law requires the district to conduct a criminal record background check on all school volunteers. To accomplish this, all volunteers must complete the following forms:

- District Applicant/Volunteer Disclosure Form (Form HR-120)
- Washington State Patrol Request form for Criminal History Information

All volunteers (and staff members) using personal vehicles to transport students must also complete the following forms:

- District Private Transportation for School Activities form (Form T-104)
- Request for Driver's Abstract form (drivers may obtain their abstracts directly from the Washington Department of Licensing)

Copies of these forms are attached. The district also requires that volunteer chaperones be at least 21 years of age. If you have questions regarding the procedure for becoming a volunteer, you may also contact the district's Human Resources Department at (425) 431-7020.

GUIDELINES FOR VOLUNTEER CHAPERONES

Prior to your field trip, the supervising staff member will provide you with information regarding the activities planned for the trip, expectations for supervising students, emergency procedures and any District policies relating to the field trip. Additionally, the following general guidelines have been developed to help you perform your duties as a chaperone. If you have any questions regarding these guidelines, please contact the supervising staff member, the building principal, or program manager.

--OVER, PLEASE--

1. Students must be supervised at all times during District-sponsored events. Chaperones must be readily available, be mindful of safety concerns and respond to students' needs.
2. Chaperones may not use, sell, provide, possess, or be under the influence of any drugs or alcohol during District-sponsored field trips and events.
3. Chaperones are not permitted to use tobacco in the presence of, or within the sight of students.
4. For the protection of all students and chaperones, a chaperone should not place him/herself in a situation in which he/she is alone with a student.
5. Chaperones are not permitted to administer (prescription or nonprescription) medications to students.
6. Family members or friends of chaperones may not participate in District-sponsored field trips or events without prior approval from the building principals or program managers. All participants who are age 18 and older and not students in the district must complete the same District forms required of adult volunteers.
7. While participating in District-sponsored events, chaperones are expected to follow the directions given by the district's supervising staff members, comply with District policies, work cooperatively with other staff members and volunteers, and model appropriate behaviors for students.
8. Chaperones who transport students in their personal vehicles are expected to comply with all District and State student transportation rules and regulations. All vehicles must comply with all safety requirements (including, but not limited to the new booster seat law). Additionally, District policy requires that primary automobile liability insurance be provided by the owners and/or operators of all personal vehicles used for District-sponsored field trips and events.

We hope these guidelines help you understand the importance of your role as a volunteer chaperone. If you have any questions about these procedures and guidelines, we urge you to discuss them with the supervising staff member of your field trip, the building principal, or program manager. Again, thank you for your support of school activities. You are a necessary part of a successful and enjoyable school event!

I acknowledge that I have received a copy of the Edmonds School District Guidelines for Volunteer Field Trip Chaperones, have read the guidelines and agree to comply with the guidelines, as a volunteer with the Edmonds School District.

SIGNATURE _____ DATE _____

NAME (please print) _____ Student's Name _____