

4855 Evergreen Way Washougal, WA 98671 Tel: 360.954.3000 Fax: 360.954.3099 www.washougal.k12.wa.us

VOLUNTEER BACKGROUND CHECK INSTRUCTIONS

Dear Volunteer Applicant,

Thank you for your interest in volunteering for Washougal Schools!

In order to be a volunteer in the Washougal School District, you must complete the application for background check and sign our Volunteer Expectation Agreement.

Volunteer applicants must read, complete, and return the following documents:

- 1. WASHINGTON STATE PATROL OR OREGON STATE PATROL IDENTIFICATION AND CRIMINAL HISTORY BACKGROUND CHECK FORM
- 2. VOLUNTEER EXPECTATION AGREEMENT
- 3. PROVIDE COPY OF PHOTO IDENTIFICATION-Driver's License for state in which you reside (WA and OR only). Please provide a clear, readable copy. No faxed copies will be accepted.

You can either drop off the forms at any school building and the secretary will send it to the district office or you can mail or drop off the forms at the district office:

Washougal School District, ATTN Julie Ferguson

4855 Evergreen Way Washougal WA 98671

*If you have an Oregon driver's license, you will have to come into the district office in person to provide \$33.00 to Washougal School District to pay the processing fee to Oregon State Police. **DO NOT MAIL DIRECTLY TO OSP.**

Important note for non-Oregon/Washington ID holders: Due to background check rules, if you have a driver's license from any other state, we will not be able to clear you to volunteer at this time. If you choose to be FBI fingerprinted, you may do so at your own expense and once cleared you may volunteer.

If you have any questions concerning this process, please call Julie Ferguson at (360) 954-3069.

The volunteer list is updated daily and is available to school staff online. If you want to check to see if you have cleared, you may contact Julie or the secretary at your child's school.

WASHOUGAL SCHOOL DISTRICT



| Please prin | | er Background Cho | eck | | |
|------------------------|-----------------------------------|----------------------------|---------------------------|----------------|--|
| Name: | | | | | |
| Legal Name Required | First | Middle (required) | Last | | |
| rtoquirou | Date of Birth: | | | | |
| | | | | | |
| Have you e | ever used another name? (maid | en name, nick name, o | other last names) Please | list all below | |
| | | | | | |
| Address: | | | | | |
| Addiess. | Street | | Apt/Ste # | <u> </u> | |
| | | | | | |
| | City | State | Zip | | |
| | | | | | |
| Phone: | Call Dhama | Hama Dhana | Massaus D | No. 2 - 2 | |
| Email: | Cell Phone | Home Phone | Message P | none | |
| _ | ver been convicted of a crime? | Yes No | | | |
| Have very | | | | | |
| Have you e | ver had findings made against you | u in any civil adjudicativ | e proceeding? | No | |
| Yes Have | you ever had both a conviction ar | nd findings made agains | st you? Yes No | | |
| If you answ | ered YES to any of the above, ple | asso give explanation be | olow: | | |
| ii you arisw | ered TEO to any or the above, pie | ase give explanation be | 510W. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Pursuant to | RCW 9A.72.085, I certify under | penalty of perjury und | der the laws of the State | of | |
| | that the foregoing is true and c | | | | |
| | PLEASE INCLUDE A CO | DPY OF YOUR WA D | RIVER'S LICENSE | | |
| | | | | | |
| Date Signed | d | | | | |
| | | | | | |
| | | <u></u> | | | |
| Applicant P | rinted Name | Applicant | Applicant Signature | | |
| | | | | | |
| | | | | | |
| Witness Pri | nted Name | Witness S | Witness Signature | | |

*Definition of Civil Adjudicative Proceeding from RCW 43.43.830: "a judicial or administrative adjudicative proceeding that results in a finding of, or upholds an agency finding of, domestic violence, abuse, sexual abuse, neglect, abandonment, violation of a professional licensing standard regarding a child or vulnerable adult, or exploitation or financial exploitation of a child or vulnerable adult under any provision of law, including but not limited to chapter 13.34, 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW. "Civil adjudication proceeding" also includes judicial or administrative findings that become final due to the failure of the alleged perpetrator to timely exercise a legal right to administratively challenge such findings."

Washougal School District Volunteer Expectation Agreement

Thank you for your interest in volunteering in the Washougal School District. This information is provided as a guide while volunteering. Please review the following carefully and ask any questions that may arise. We want the time you spend volunteering to be a positive experience for all.

Relationships: For the protection of all, the relationship between you and any student you become acquainted with through volunteering in the Washougal School District must be kept appropriate at all times. Continuing your volunteer relationship through out-of-school contact, such as phone calls, home visits, or visitations to your home, social events, office, vehicle, or activities is not permitted without specific directive from a teacher and/or prior written parental permission. This prohibition, of course, would not restrict out-of-school contact with students who are family friends or known to you through community contacts.

Appropriate Touching: Handshakes, "high five", an arm or hug around a shoulder are the only safe and friendly ways to touch a child when you are volunteering. For some children, or for some cultures, even these gestures may be unwelcome. No child should be subject to unwelcome touching no matter how well intended. If a child ever inappropriately touches you, please inform a staff member right away.

Communication: You are a role model. Your conversation with students and staff should demonstrate respect for others and should never be perceived as discriminatory, profane, sexist or offensive. No student or staff person should ever be treated differently, spoken to disrespectfully or denied services on the basis of race, religion, disability, age, national origin or marital status. In addition, school personnel or volunteers cannot encourage or promote religious beliefs by class activities, comments or invitations to their place of worship.

Confidentiality: As a volunteer you must respect and maintain confidentiality in regard to personal information obtained regarding a child or his/her family with certain exceptions. Reasonable suspicion of abuse, neglect, sexual harassment, illegal or dangerous activities should be shared with staff. Be assured they will follow up on the information.

Discipline: Any discipline of a student should be left up to a staff member. Physical punishment is never permitted.

School Safety Plan: In the event of an emergency while you are on site (fire, earthquake, etc.) you need to be familiar with the safety plan of the building you volunteer in.

Check In/Out: All visitors, including volunteers, are required to sign in at the main office in the school and wear an identification badge while on campus.

| I have read and understand the above exp | pectations. | |
|--|-------------|--|
| Volunteer's Name (please print) | Signature | |
| District Representative's Signature | Date | |