

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. 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. 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: _____

FOR OFFICE USE

Inactive date _____



Spokane Public Schools
excellence for everyone

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 Social Security No. (optional) _____

Please identify one ethnic/racial group for statistical purposes: American Indian/Alaskan Native Asian/Pacific Islander
 Black/African American Hispanic/Latino Biracial/Multi-racial White/Caucasian

Program Information

If applicable, please indicate the type of volunteer opportunity or program(s) you hope to be affiliated with as a district volunteer:

Programs:

- Big Brothers & Sisters Literacy Tutor Program APPLE Program Equity Classroom Assistance
- Tessaera Program Odyssey Program SSHS Program (Safe Schools/Healthy Students)
- Curriculum Enrichment (i.e., drama, arts and crafts, music) Field Trip Assistant
- Working with Special Populations (i.e., Special Education, Behaviorally Impaired, gifted students)
- Clerical/Non-Academic Support (i.e., lunchroom or playground supervision, office support, library support)
- Will do special projects upon request (intra school district)
- College or University Student _____ (School Name)
- Other _____ (Business/Agency)

Program Supervisor (If applicable) _____ (Name)

I am a current/former Spokane Public Schools employee

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 _____

Clearance Date

Please submit this form to your school of choice. Or, return to Volunteer Services at 200 N. Bernard St., Spokane, WA 99201.