



# Riverview School District

## Volunteer Application

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Office Use Only

Received: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_ CHS      \_\_\_ TMS      \_\_\_ CV

\_\_\_ SWE      \_\_\_ ERMA      \_\_\_ CE

\_\_\_ PARADE      \_\_\_ ECEAP      \_\_\_ RLC

### Application Information

This is a:       New application       Renewal

I am a:       Parent/Guardian       Relative       Community member

School(s)/Club(s) you wish to volunteer at: \_\_\_\_\_ Advisor/Coach \_\_\_\_\_

### Personal Information

Male       Female

Full legal name \_\_\_\_\_

First

Middle

Last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Child(ren)/student(s) \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Phone # \_\_\_\_\_

### Current CPR/1<sup>st</sup> AID Card (Not required)

Yes       No      Expiration Date \_\_\_\_\_

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I affirm that I have read, understand, and agree to all of the specific district policies that are highlighted in the volunteer handbook.

Signature \_\_\_\_\_

Entry in this field is considered an electronic signature

Date \_\_\_\_\_

### Our Policy

#### Anti-Discrimination

The Riverview School District complies with all federal and state statutes and regulations and does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal, and provides equal access to the Boy Scouts and other designated youth groups. This holds true for all district employment and student opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX/RCW 28A.640 Officer (Ms. Janet Gavigan, 425-844-4500) and Section 504/ADA Coordinator (Dr. Ken Heikkila, 425-844-4500).

**Please attach one copy of your driver's license or other valid photo ID.**

# RIVERVIEW SCHOOL DISTRICT VOLUNTEER APPLICANT DISCLOSURE FORM

*All volunteers who are interested in working with children are required to complete this disclosure form in its entirety.*

*The Riverview School District agrees with the Washington State Legislature in assuring the security of our students by allowing background checks on all people who work with students in schools.*

*Please answer the following questions honestly and completely and sign below.*

- 1) Have you ever been convicted of a crime as defined in Section I of Chapter 486, Laws of 1087 and RCW26.44.020? You must include any and all past or current criminal convictions.

No  Yes

If "yes", please identify the crime(s), provide the date(s) of the conviction(s), the name of the court(s), (e.g., King County Superior Court) and the sentence(s) imposed.

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- 2) Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation of a child in any legal proceeding? These proceedings include judicial or administrative proceedings as well as findings by Department of Social and Health Services (DSHS) or the Department of Health that you have not challenged or appealed.

No  Yes

If "yes", please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s), and the penalty(ies) imposed.

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- 3) Do you currently have any criminal charges pending against you? Are you presently under investigation for possible criminal charges?

No  Yes

If "yes", please provide pertinent details to enable Riverview School District to evaluate, including the charge(s), date(s), jurisdiction(s) and status.

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- 4) Other than any matter already listed are there any facts or circumstances involving you and your background that would call into question the district entrusting you with the supervision, guidance and care of its students?

No  Yes

If "yes" please explain.

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CONTINUED

**Disclosure Statement:**

I hereby authorize and consent to Riverview School District, its agents and employees, to inquire into and undertake whatever background check of me that Riverview School District, in its sole discretion, deems appropriate to determine my fitness to serve as a volunteer. I understand the inquiry will include a criminal history check (including a Washington State Patrol Request for Criminal History Information Child/Adult Abuse Information Act RCW 43.43.830 through 43.43.845-WATCH report). I understand the information will be kept confidential to the extent permitted by law, but that Riverview School District, as a public entity, is subject to the State Public Records Act, RCW 42.56 and the exemptions provided there under, as amended. I release and hold harmless Riverview School District, its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that is Riverview School District determines, in its sole discretion, that I have provided false or incomplete information in response to the above questions, or the District decides, with or without cause, not to approve or retain me as a volunteer for whatever reason, Riverview School District may, without notice or other process, reject my application to serve as a volunteer, or revoke my privilege to serve as a volunteer.

Pursuant to RCW 9A.72.085, I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

All information in this application is accurate to the best of my knowledge. I have thoroughly read the Riverview School District Volunteer Handbook. I understand the information in the handbook and I agree to comply with the guidelines and policies set forth in the handbook specifically confidentiality of students and student information. As a condition of being permitted to volunteer for Riverview School District, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from my volunteer activities. I hereby agree to waive and all claims arising out of any such injury or damage.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Signature \_\_\_\_\_

(Entry in this field is considered an electronic signature)