



Spokane Public Schools
excellence for everyone

Volunteer Clearance Application

**Return to:
Volunteer Services
CONFIDENTIAL**

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. Include the nature, date and location of the charge(s) and any further details explaining the situation. 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.) Include the nature, date and location of the charge(s) and any further details explaining the situation. 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: _____

Volunteer COACH Application



Please be advised:

- ▶ Volunteer coaches must hold a current First Aid / CPR card prior to starting as a volunteer coach.
- ▶ All volunteer coaches must be fingerprinted and successfully complete a WSP background check PRIOR to starting.
- ▶ All volunteers must have completed Safe.Schools online training

SCHOOL: _____ **SPORT:** _____

Full Name: _____

Alias/Maiden Name: _____

Street Address: _____ **City/State:** _____ **Zip code:** _____

Phone Number: _____ **Cell Phone:** _____ **E-Mail:** _____

Female Male **Date of Birth:** _____ **SS#** _____

Emergency Contact: _____
(Name, Address, Phone, Relationship)

Current Employer: _____
(Name, Address, Phone, Supervisor Name)

Personal References:

1. _____
(Name, Phone Number, Relationship)

2. _____
(Name, Phone Number, Relationship)

Do you currently hold a First Aid / CPR card? Yes No (If yes, please present a copy with this application.)

Have you had previous coaching experience? Yes No (If yes, list below. Attach separate sheet if necessary.)

Dates	Name of School or Organization (Include City/State)	Volunteer Or Paid	Sport	Level / Ages

Do you have child(ren) attending Spokane Public Schools? Yes No

Child's Name	School	Grade	Sport Participating In

- OFFICE USE ONLY -

- Background Disclosure Attached
- First Aid / CPR card copy attached
- Fingerprinted
- Received & Read HIB Fact Sheet
- Received & Read Volunteer Manual
- SafeSchools online training

Athletic Coach Approval: _____
(Signature / Date)

Activities Supervisor / Principal: _____

HR Approval: _____

Instructions: Prior to this volunteer beginning, please have them process through security for fingerprinting (to be paid by Human Resources.) **Please give the volunteer a Security Authorization Form and ensure that they schedule a security appointment by calling 354-7345.** Upon completing the fingerprint appt., please attach a copy of the security clearance form (showing they have gone through security) to this application and send it to Human Resources for processing.

NOTES: _____

Spokane Public Schools complies with all federal and state rules and regulations and does not discriminate on the basis of age, sex, marital status, race, color, creed, religion, national origin, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide dog or service animal by a person with a disability, sexual orientation including gender expression or identity, or honorably discharged veteran or military status. This holds true for all students who are interested in participating in educational programs and/or extracurricular school activities, and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's officers as follows: Title IX/Staff Civil Rights Officer, Dr. Linda McDermott (509) 354-7318 • Harassment, Intimidation, Bullying (HIB)/Student Civil Rights Officer, Dr. Adam Swinyard (509) 354-7393, • 504 Compliance Officer, Gwen Harris (509) 354-7393 • ADA Officer, Dr. Linda McDermott (509) 354-7318 • Affirmative Action Officer, Dr. Mary Templeton, (509) 354-5961 • Equal Opportunity Officer, Ramon Alvarez, (509) 354-7344 • 200 N. Bernard Street, Spokane, WA 99201-0206.