



## Volunteer Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail \_\_\_\_\_

Case of Emergency Notify \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

### Schedule that I am willing to commit myself to as a volunteer:

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ T \_\_\_\_\_ F \_\_\_\_\_

Start Date \_\_\_\_\_ Time available \_\_\_\_\_)

Teen Night Programs (*When implemented*): Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Spring break activities [ ] Yes [ ] No Winter break activities [ ] Yes [ ] No

### Skills: Please list your qualification on each skill (utilizing the chart below)

5 = My specialty    4 = Can lead activity    3 = Can assist w/ activity    2 = Limited experience    1 = No experience

Computer _____	Arts & Crafts _____	Basketball _____	Cultural Dance/Song _____
Graphic Arts _____	Storytelling _____	Football _____	Cultural Crafts _____
Web Design _____	Creative writing _____	Skateboarding _____	Powwows _____
Secretarial _____	Guitar _____	Track _____	Basket Weaving _____
Data Entry _____	Singing _____	Volleyball _____	Sweat Lodge _____
Accounting _____	Photography _____	Swimming _____	Beadwork _____
Movie Making _____	Fine arts _____	Cheerleading _____	Canoeing _____
Fundraising _____	Drama _____	Aerobics _____	Knitting _____
Maintenance _____	Woodwork _____	Dance _____	Sewing _____
Transportation _____	Poster Work _____	Baseball _____	Fishing/Hunting _____
Giving Talks _____	Painting _____	Golf _____	Other _____
Leadership _____	Piano _____	Life Guard _____	_____
Leading Discussion _____	Cooking Class _____	Hiking _____	
Board Games _____	Tournament _____	Kayaking _____	
Tutor _____	Karate _____	Sailing _____	

**Please explain areas you specialize in and would like to share most:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What age youth would you like to work with?** \_\_\_\_\_

**Can you meet with youth (Please circle one) :** 1x a week   1x every 2 weeks   1x a month

**Explain any experience you may have working with youth:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What is one of your visions that you would like to see implemented here with Tulalip Youth Services?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**References -OR- Suggested Volunteers:**

Name: \_\_\_\_\_  
Circle: Volunteer   or   Reference  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Circle: Volunteer   or   Reference  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Circle: Volunteer   or   Reference  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Circle: Volunteer   or   Reference  
Phone #: \_\_\_\_\_

**Please return all forms to the Youth Service Department or  
Email forms to: [jbustad@tulaliptribes-nsn.gov](mailto:jbustad@tulaliptribes-nsn.gov)**

# Marysville School District Volunteer Clearance Instructions - Adult

## VOLUNTEER CLEARANCE REQUIREMENTS (See Below for More Information):

- Completion of volunteer application packet (once every two years).
- Copy of State-issued driver's license or identification card (with volunteer application packet).

### -Volunteer Application Packet-

1. If you are **under** 18, please complete the Student volunteer application packet.
2. The packet is attached. All pages must be completed **in full**, except as described below. Please check both sides of all pages. Any missing information may delay the processing of your request.
3. Listing your Social Security number is strictly optional. If a fingerprint is required, we will contact you after receiving your packet.
4. **The Applicant Disclosure page is a legal document and must match the results that we receive from the Washington State Patrol.** Please answer "Yes" or "No" to all of the questions, elaborating any "Yes" answers with a description.
5. Packets that include information for more than one applicant will not be accepted.
6. Due to the large number of applications that are received, it is not possible to notify each applicant if their packet is approved. This information may be obtained from your school's office, or by contacting the Risk Management Department. However, you will be notified if there are any issues with your packet.
7. Once approved, your volunteer clearance will be good for two years from the date of processing your packet with the Washington State Patrol. After two years, another volunteer application packet must be submitted and cleared in order to maintain your volunteer status.
8. It may take up to ten days to process your packet.
9. If you are an **out-of-state resident**, in addition to this application packet, you must request a copy of your criminal history from your state of residency. This criminal history information must be sent directly to the Marysville School District from your State's offices.
10. If you would like to be a **volunteer driver**, there are additional steps which must be completed. Please contact your school or Risk Management for more information.
11. A copy of your current State-issued driver's license or identification card must accompany this packet.
12. Information regarding harassment, intimidation and bullying is attached. More information can be found at [www.stopbullying.gov](http://www.stopbullying.gov) or [www.k12.wa.us/safetycenter/bullyingharassment/default.aspx](http://www.k12.wa.us/safetycenter/bullyingharassment/default.aspx). If desired, **optional**, online training is also available on this topic. For more information, please contact Risk Management.

### Questions? Contact...

Risk Management - (360) 653-0817 - [risk\\_management@msvl.k12.wa.us](mailto:risk_management@msvl.k12.wa.us)

# WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633

SCHOOL \_\_\_\_\_

## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT

RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

### A REQUESTING AGENCY/ADDRESS

Marysville School District #25

Agency

Assistant Superintendent

Attn

4220 80<sup>th</sup> Street NE

Address

Marysville, WA 98270

City/State/Zip

I certify this request is made pursuant to and for the purpose indicated.

Marysville School District

Authorized Signature

Date

Assistant Superintendent

( )

Title

Area Code/Phone Number

### B PURPOSE

Check appropriate box

Educational School District (ESD)/School District  
Volunteer - no fee

Non-Profit Business/Organization - no fee  
(Excluding Schools & ESD's)

Profit Business/Organization - \$35

Adoptive Parent - \$35

Fees: Make payable to Washington State Patrol by check,  
money order, or business account.

Notary letters certifying the results are available  
upon request. There is an additional \$5.00  
processing fee per notary seal.

\_\_\_\_\_ Notarized Letters(s)

### C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_ Driver's Lic. Number/State: \_\_\_\_\_ / \_\_\_\_\_

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

### D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

As of this date, the applicant named below has no record  
pursuant to RCW 43.43.830 through 43.43.845.

Marysville School District #25

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

Applicant Right Thumb Print (Optional)



PLEASE COMPLETE THE FOLLOWING REQUIRED INFORMATION:

Full LEGAL Name: \_\_\_\_\_ (First) (Middle) (Last)

Address: \_\_\_\_\_ (Street #/Street Name/Apt #) (City) (State) (Zip Code)

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Emergency Contact Information:

E-Mail Address \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

If You Wish to Volunteer With a Particular Student, Please List Students' Names: \_\_\_\_\_

I agree to complete the disclosure information required under RCW 43.43.830 through 43.43.845. I understand this time is spent in a volunteer capacity only and I agree to comply with district, school and classroom rules, procedures, and policies. I understand as a volunteer that all information regarding students, families, staff and the organization is strictly confidential. I will respect the confidential nature of any verbal or written communication I receive regarding staff, students, and families. Additionally, I will not copy, distribute or use written or electronic materials belonging to the school or prepared in connection with the school except as authorized for the benefit of the school. I agree to keep all information confidential at school and after I leave school. If I leave my volunteer position, I agree to return all copies of school-related documents, electronically recorded school information or other tangible things to the school. I will be discreet in any verbal communication by not discussing children, staff, and families in front of others. If I must communicate information within earshot of others, I will use the student's first initial only. If I have questions regarding how this policy applies to a specific situation, I will ask a member of the school staff where I volunteer. I will immediately report any information disclosed to me concerning a child's safety directly to the principal.

As a volunteer I know that I am acting on behalf of the school district. I will comply with the District's legal duties to be neutral on matters of religion and not to promote religious or political viewpoints in interacting with students in the course of my volunteer assignment. I agree that if my volunteer assignment involves conversations with students, my obligation of neutrality requires that I refrain from initiating discussions of such subjects. If students initiate discussion on such matters, I know that I am not prohibited from responding about my own beliefs, but I know that I may not use such interactions to promote my personal views.

Marysville School District requires all volunteers to be aware of the District policies and procedures concerning harassment, intimidation and bullying, including the responsibility to identify and report when these incidents occur. I have read and accepted the terms of the attached policy no. 3207 and procedure no. 3207P entitled "Prohibition of Harassment, Intimidation and Bullying."

I release and waive Marysville School District #25, my former employers, and all references from any and all liability in obtaining or disclosing volunteer related information. I understand copies of my signature will be honored and that this signed release shall not have an expiration date. If any part of the application has been altered, the application will not be accepted.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I WISH TO VOLUNTEER AT THE FOLLOWING SCHOOL(S):

- |  |  |                                   |  |                                    |
|--|--|-----------------------------------|--|------------------------------------|
| <input type="checkbox"/> 10 <sup>th</sup> Street | <input type="checkbox"/> ECEAP         | <input type="checkbox"/> Marshall | <input type="checkbox"/> MMS               | <input type="checkbox"/> Shoultes  |
| <input type="checkbox"/> Allen Creek             | <input type="checkbox"/> Grove         | <input type="checkbox"/> MGHS-ACE | <input type="checkbox"/> MMVHS             | <input type="checkbox"/> Sunnyside |
| <input type="checkbox"/> Arts & Tech             | <input type="checkbox"/> Heritage      | <input type="checkbox"/> MGHS-BIO | <input type="checkbox"/> MPHS-POC          | <input type="checkbox"/> TMS       |
| <input type="checkbox"/> Cascade                 | <input type="checkbox"/> Kellogg Marsh | <input type="checkbox"/> MGHS-ISC | <input type="checkbox"/> Pinewood          |                                    |
| <input type="checkbox"/> CMS                     | <input type="checkbox"/> Liberty       | <input type="checkbox"/> MGHS-SFE | <input type="checkbox"/> Quil Ceda/Tulalip |                                    |



**APPLICANT DISCLOSURE STATEMENT PURSUANT TO CHAPTER 43.43 RCW**

**Please Answer YES or NO** to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved. The term 'convicted' means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution.

1. Have you ever been convicted of any crimes against persons as defined in RCW 43.43.830 and listed as follows: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future?

ANSWER: \_\_\_\_\_ IF YES, PLEASE EXPLAIN:

2. Have you ever been convicted of crimes relating to financial exploitation as defined in RCW 43.43.830(6) as amended, if the victim was a vulnerable adult and listed as follows: first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed?

ANSWER: \_\_\_\_\_ IF YES, PLEASE EXPLAIN:

3. Have you ever been convicted of crimes related to drugs? For purposes of this question, "crimes related to drugs" means a conviction of a crime to manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance.

ANSWER: \_\_\_\_\_ IF YES, PLEASE EXPLAIN:

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?

ANSWER: \_\_\_\_\_ IF YES, PLEASE EXPLAIN:

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?

ANSWER: \_\_\_\_\_ IF YES, PLEASE EXPLAIN:

6. Have you ever been found in any final disciplinary board decision or by the director of the department of licensing in the following business or professions (chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathy, physical therapy, physicians, practical nursing, registered nursing, psychology, real estate broker, and salesperson) to have sexually or physically abused any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

ANSWER: \_\_\_\_\_ IF YES, PLEASE EXPLAIN:

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?

ANSWER: \_\_\_\_\_ IF YES, PLEASE EXPLAIN:

8. Have you been convicted in the past 10 years of any misdemeanor or have you been convicted of any felony at any time?

ANSWER: \_\_\_\_\_ IF YES, cite and describe each incident on a separate piece of paper.

I hereby certify under penalty of perjury under the laws of the State of Washington that the foregoing statements are true and correct. Furthermore, I understand that my volunteer status is conditional upon the background checks that the Marysville School District will conduct.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_