

Community Volunteer Form

(No children enrolled in Tacoma Public Schools.)

_____ In which school will you be volunteering

Please answer the following questions:

1. Are you a college student?

Yes No

If yes, what School?

2. Do you represent a business partnership?

Yes No

If yes, which partnership?

3. Are you 55 years of age or older?

Yes No

If yes, please complete a RSVP volunteer registration form

4. Would you be interested in serving on a school or district committee.

Yes No

5. Are you or have you ever been a Tacoma School District employee?

Yes No

Please return the completed forms to your school/program volunteer coordinator.

By completing this registration form, you will be a registered volunteer in Tacoma Public Schools. Please type or print clearly. Please complete front and back of this form, the Washington State Patrol form, and COVID-19 form. No nicknames or abbreviations, please. Please attach a copy of your driver's license or valid ID and proof of full vaccination against COVID-19.

Name: _____
(Last Name) (First Name) (Middle Name)

Address: _____
(Street) (Apt. #)

City: _____ State: _____ Zip Code: _____

Telephone: _____
(Home) (Work)

Date of Birth: _____
(Month) (Day) (Year)

Email: _____

How would you like to help? (Check all that apply.)

Tutoring:

Reading (one-to-one) Reading (small group) Math Computers
 WERLIN team reader Other (Specify): _____

Special Education:

Classroom Assistant Resource Room

Resource Help:

Art Docent Drama Enrichment
 Foreign Language (Specify): _____

Specific Area:

Classroom Assistant Coaching Assistant Fieldtrip
 Health Screening Library Serve on a committee

Grade Level Preferred:

Preschool Kindergarten Elementary
 Middle School High School No Preference

Day(s) Willing to Volunteer:

Monday Tuesday Wednesday Thursday Friday

Hours Willing to Volunteer:

Morning (Times _____) Afternoon (Times _____)
 After School (Times _____)

In case of emergency, please notify _____ Telephone: _____

Are you able to perform the function of your volunteer assignment without special accommodations? Yes No

If no, please explain: _____

To be completed by School Volunteer Coordinator or staff member:

I have seen this volunteer identification and the name & date of birth listed above are correct. Yes No

School _____ Volunteer Coordinator _____

Application Disclosure For Pursuant Chapter 43.43.RCW

Your volunteer interview form and Washington State Patrol clearance are valid for one (1) year from the date stamped on your last clearance.

PLEASE ANSWER YES OR NO TO EACH QUESTION AND SIGN THE FORM. Your volunteer registration cannot be completed without this form.

1. Have you ever been convicted of any crimes against persons listed below or any of these crimes as they may be renamed in the future?

- Yes No Arson (1st degree)
- Yes No Assault (Simple)
- Yes No Assault (1st, 2nd, or 3rd degree)
- Yes No Burglary (1st degree)
- Yes No Child abuse/neglect (defined by RWC 26.44020)
- Yes No Child buying or selling
- Yes No Child abandonment
- Yes No Child abuse (violating restraining order)
- Yes No Communication with a minor
- Yes No Criminal mistreatment (1st or 2nd degree)
- Yes No Custodial assault
- Yes No Custodial interference (1st or 2nd degree)
- Yes No Extortion (1st or 2nd degree)
- Yes No Felony – indecent exposure
- Yes No Incest
- Yes No Indecent liberties
- Yes No Kidnapping (1st or 2nd degree)
- Yes No Malicious harassment
- Yes No Manslaughter (1st, 2nd, or 3rd degree)
- Yes No Murder (1st, 2nd, or 3rd degree)
- Yes No Patronizing a juvenile prostitute
- Yes No Promoting pornography
- Yes No Promoting prostitution
- Yes No Prostitution
- Yes No Rape of a child (1st, 2nd, or 3rd degree)
- Yes No Rape (1st or 2nd degree)
- Yes No Robbery (1st or 2nd degree)
- Yes No Selling or distribution erotic material to a minor
- Yes No Sexual exploitation of minors
- Yes No Sexual misconduct with a minor (1st or 2nd degree)
- Yes No Unlawful imprisonment
- Yes No Vehicular homicide

Explanation, if needed: _____

2. Have you been convicted of crimes relating to financial exploitation of a vulnerable adult? (crimes relating to financial exploitation include conviction for 1st, 2nd or 3rd degree exploitation; 1st, 2nd, or 3rd degree theft; 1st or 2nd degree robbery, forgery or as renamed. A vulnerable adult is a person 60 years of age or older who has the functional, mental, or physical inability to care of himself/herself or is a patient in a state hospital as defined in Chapter 72.23 RCW.) Yes No

If yes, explain: _____

3. Have you been found in any dependency action under RCW 13.34.040 or found in a Court in a domestic relation proceeding under Title 126 RCW to have sexually abused or exploited any minor? Yes No

If yes, explain: _____

4. Have you been found by a Court in a protection proceeding under Chapter 74.34 RCW or any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person OR to have abused or financially exploited a vulnerable adult?

Or under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? Yes No

If yes, explain: _____

5. Within the past ten (10) years, have you been convicted of ANY offense or placed on deferred sentence for any offense? Yes No

If yes, explain nature of crime, date and place: _____

6. Within the past ten (ten) years have you been released from jail, prison, probation, or a work release program? Yes No

If yes, explain nature of crime, date and place: _____

PLEASE READ & SIGN BELOW:

I have read the information contained herein and pursuant to RCW 9A.72.085, I certify under perjury under the laws of the State of Washington that the foregoing is true and correct. I authorize Tacoma School District #10 to make such investigations and inquiries as may be necessary in arriving at a volunteer assignment decision. I hereby release Tacoma School District #10 and its employees from all liability in responding to inquiries in connection with, my volunteer application. In the event of a volunteer assignment, I understand that any offer of volunteer placement is contingent upon an acceptable outcome of the criminal history check. I agree that the District may, at its discretion, preclude me from volunteer service if, among other reason, I provide misleading or incomplete statements. I understand that I am required to abide by all policies, procedures, and regulations of the Tacoma School District #10.

Signature _____ Date _____

Print Full Name _____

WASHINGTON STATE PATROL

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

**REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845**

REQUESTING AGENCY/ADDRESS

Volunteer/Tacoma Public Schools

 Agency

Attention _____

Address _____

City/State/Zip _____

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

Authorized Signature Date

Volunteer Coordinator _____

Title Area Code/Phone Number

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/Organizations - \$10
- Adoptive Parent - \$10

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

NO FEE FOR TACOMA SCHOOL DISTRICT VOLUNTEERS. DO NOT MAIL TO WASHINGTON STATE PATROL.

APPLICATION/VOLUNTEER OF INQUIRY (Please provide as much information as possible. Name & Date of birth are mandatory)

Application/Volunteer's _____
 Last First Middle

Alisa/Maiden Name (s): _____

Date of Birth: _____ Sex: _____ Race: _____

Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050

**IDENTIFICATION DECLARING NO EVIDENCE
WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**

As of this date, the applicant named below shows no evidence
Pursuant to RCW 43.43.830 through 43.43.845.

Volunteer/Tacoma Public Schools _____

Applicant/Volunteer's Signature _____

Applicant/Volunteer's Name _____

Address _____

City/State/Zip _____

TPS Use Only

Applicant Right Thumb Print

Not Required

3000-240-430

Complete this section.

Complete this section.



Proof of full vaccination against COVID-19

In accordance with Governor Inslee’s Proclamation 21-14.1, **all school volunteers** are required to be fully vaccinated by October 18, 2021 and show proof of full vaccination as a condition for working on site with staff and students.

Full Vaccination Definition

Individuals are fully vaccinated against COVID-19 two-weeks after their second dose in a two-dose vaccine, such as Pfizer and Moderna, or two-weeks after a single-dose vaccine, such as Johnson & Johnson.

All volunteers are required to be fully vaccinated prior to volunteering in a school or district building.

Proof of Full Vaccination

Acceptable [forms of proof](#) include:

- Photo or photocopy of the employee’s CDC COVID-19 vaccination record card.
- Documentation of vaccination from a health care provider or electronic health record.
- State immunization information system record form at <https://wa.myir.net/>.

Exemption/Accommodation

All medical or religious exemptions must have an accommodation on file with Human Resources. To request an accommodation, please contact the Human Resources department at 253-571-1250.

Please select the statement below that accurately describes your vaccination status:

- I am fully vaccinated and am providing proof of vaccination with my volunteer application.
- I have not yet been vaccinated but intend to do so. I understand I am unable to work on site with staff and students until I have provided proof of vaccination.
- I am seeking an exemption to this requirement and will work with Human Resources to request an accommodation. I understand I am unable to work on site with staff and students until I have provided proof of an approved accommodation.

Volunteer Name: _____

Volunteer Signature: _____

Date: _____

To be completed by the school:

Dose 1 date: _____

Dose 2 date: _____

OR

HR approval date: _____

Note: Proof must be stored and secured on-site at the school.