

Copy of Driver's License is Required for Clearance

# 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

### A REQUESTING AGENCY/ADDRESS

**Granite Falls School District**

Agency

Attn.

**205 North Alder Avenue**

Address

**Granite Falls, WA 98252**

City/State/Zip

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

Authorized Signature

Date

Principal

Title

### B PURPOSE

- Σ ESD/School District Volunteer - no fee
- Σ Non-Profit Busn./Org. - no fee (Excluding Schools & ESD's)
- Σ Profit Business/Org. - \$10
- Σ Adoptive Parent - \$10

#### Fees:

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

**NO PERSONAL/CERTIFIED CHECKS ACCEPTED.**

### C APPLICANT OF INQUIRY

Applicant's Name: \_\_\_\_\_

Last

First

Middle

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Month/Day/Year

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

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

### D

#### IDENTIFICATION DECLARING NO EVIDENCE

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

(THIS PORTION MAILED BY REQUESTING AGENCY)

As of this date, the applicant named below shows no evidence

Pursuant to RCW 43.43.830 through 43.43.845.

WSP Use Only

**Granite Falls School District**

Requesting Agency

x  
Applicant's Signature

Valid Two Years From Issue

x  
Applicant's Name

Right Thumb Print Optional

x  
Address

x  
City/State/Zip



# Granite Falls School District DISCLOSURE FORM

Pursuant to Chapter 43.43.830 RCW (revised, 2007) & RCW 9A.42.100 (revised, 2002)

In accordance with RCW 43.43.830, applicants and prospective volunteers are required to complete this disclosure form. In addition, applicants who have been offered employment or volunteer assignments as outlined in said law, will be required to complete a Request for Criminal History form, possibly including fingerprinting. These requests will be forwarded to the Washington State Patrol for disclosure of any applicable charges or finding. Applicants may be employed on a conditional basis pending completion of such background investigation. Volunteers will be retained on the same conditional basis.

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.

1. Have you ever been convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as: 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 or second degree theft; forgery; first degree arson; first degree burglary; first or second degree manslaughter; first, second, or third 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; endangerment with a controlled substance; 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; commercial sexual abuse of a minor; 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, explain below.**
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2. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor? **Answer \_\_\_\_\_ If yes, explain below.**
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3. 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, explain below.**
- 

4. Have you ever been found in a disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor? **Answer \_\_\_\_\_ If yes, explain below.**
- 

5. Have you been convicted of possession of an illegal or controlled substance or of a crime to manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance? **Answer \_\_\_\_\_ If yes, explain below.**
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*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 my continued employment is conditional upon the fingerprinting and background checks that the Granite Falls School District will conduct.*

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

\_\_\_\_\_  
Date

## Volunteer Confidentiality Statement

*Thank you so much for volunteering to help in the Granite Falls School District. We appreciate you giving of your time and talent. Our students' safety is a priority to us and for that reason we require that volunteers sign a confidentiality and discrimination statement. Please sign and return this form at your earliest convenience. Thank you.*

I understand that information regarding students, families, staff and the organization may be confidential in nature and that as a volunteer for the Granite Falls School District I will adhere to the following:

1. Respect the confidential nature of any verbal or written communication I receive regarding students, families, staff, and the organization.
2. Keep personal information confidential at school and after I leave school.
3. Be discreet in any verbal communications by not discussing students, staff, or families in front of others.
4. Immediately report directly to the principal or site administrator any information disclosed to me concerning a child's safety.
5. Make reasonable efforts to assure that each student is protected from harassment or discrimination.
6. Not harass nor discriminate against any student, staff member or volunteer on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition, sexual orientation, or social and family background.

I also understand that relationships developed with children at school should remain at school and that for the protection of both the student, staff and volunteer, volunteers should not be left alone with a child that is out of view of school personnel or another adult volunteer.

I understand that permission to communicate with a student outside the regular school day must be granted by the student's parent/guardian; the Granite Falls School District cannot and will not grant this permission.

Volunteer's Name (Please Print) \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_

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