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 Principal Title	$\begin{array}{c c} \textbf{B} & \textbf{PURPOSE} \\ & \boldsymbol{\Sigma} & \text{ESD/School District Volunteer - no fee} \\ & \boldsymbol{\Sigma} & \text{Non-Profit Busn./Org no fee (Excluding Schools & ESD's)} \\ & \boldsymbol{\Sigma} & \text{Profit Business/Org $10} \\ & \boldsymbol{\Sigma} & \text{Adoptive Parent - $10} \\ \hline \textbf{Fees:} \\ & \text{Make payable to Washington State Patrol by cashier's check, money order, or commercial business account.} \\ & \text{NO PERSONAL/CERTIFIED CHECKS ACCEPTED.} \end{array}$
C APPLICANT OF INQUIRY Applicant's Name: Last First Alias/Maiden Name: Date of Birth: Sex:	Middle Race:
Date of Birth:Sex:	
D IDENTIFCATION DECLARING NO EVI WASHINGTON STATE PATROL IDENTIFICATION & CRIN (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.	
Granite Falls School District Requesting Agency	
x Applicant's Signature	Valid Two Years From Issue
<u>x</u> Applicant's Name	Right Thumb Print Optional
x Address	—
X City/State/Zip 3000-240-430 (3/93 Please compl	ete reverse side

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.

- 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.
- 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.

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

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	
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Date: _____