

# Thank you for your interest in volunteering! Please complete the following checklist.

# **Background Check Checklist**

- O Washington State Patrol Form for Background check
- O Copy of Drivers License front and back
- $\bigcirc$  Copy of Covid-19 Vaccination Record **or** Covid-19 Exemption form

Fillable forms can be found at gfalls.wednet.edu

<sup>\*</sup>Background Checks must be submitted with all forms and attachments and will be processed within 10 business days\*



A REQUESTING AGENCY/ADDRESS



### 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	B PURPOSE				
Granite Falls School District	$\Sigma$ ESD/School District Volunteer - no fee				
Agency Agency	$\Sigma$ Non-Profit Busn./Org. – no fee (Excluding				
Attn. 205 North Alder Avenue	Schools & ESD's)  \[ \sum_{\text{Profit Business/Org \$10}} \]				
Address	$\Sigma$ Adoptive Parent - \$10				
Granite Falls, WA 98252	Adoptive Parent - \$10  Fees:				
City/State/Zip	Make payable to Washington State Patrol by				
I certify this request is made pursuant to and for the purpose indicated	cashier's check, money order, or commercial business account.				
·	NO PERSONAL/CERTIFIED CHECKS				
Authorized Signature Date	ACCEPTED.				
Principal Title					
C APPLICANT OF INQUIRY Applicant's Name:  Last First					
Last First Alias/Maiden Name:	Middle				
Date of Birth:Sex:	Race:				
Driver's Lic. Number/State:/					
Secondary dissemination of this criminal history record information response is prohibited unless in co	mpliance with RCW 10.97.050				
IDENTIFCATION 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					
Applicant's Signature	Valid Two Years From Issue				
X	Right Thumb Print Optional				
Applicant's Name					
<u>x</u>					
Address					
<u>x</u>					
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.

1.	Have you ever been convicted of any crimes against persons as de listed as: Aggravated murder; first or second degree murder; first degree assault; first, second, or third degree assault of a child; first degree rape of a child; first or second degree robbery; first or second burglary; first or second degree manslaughter; first, second, or thin homicide; first degree promoting prostitution; communication with sexual exploitation of minors; first or second degree criminal mist child abuse or neglect as defined in RCW 26.44.020; first or second custodial sexual misconduct; malicious harassment; first, second, a sexual misconduct with a minor; commercial sexual abuse of a mi selling or distributing erotic material to a minor; custodial assault; or selling; prostitution; felony indecent exposure; criminal abando in the future?	or second degree kidnapper, second, or third degree and degree theft; forgery; and degree extortion; indecend a minor; unlawful imprintent and degree custodial interferor third degree child moleonor; child abandonment; production of child abuse and the content of the content	oing; first, second, or third rape; first, second, or third first degree arson; first degree ent liberties; incest; vehicular sonment; simple assault; with a controlled substance; erence; first or second degree estation; first or second degree promoting pornography; restraining order; child buying	
2.	Have you ever been found in any dependency action under RCW any minor or to have physically abused any minor?		exually assaulted or exploited  If yes, explain below.	
3.	Have you ever been found by a court in a domestic relations proce exploited any minor or to have physically abused any minor?		W to have sexually abused orIf yes, explain below.	
4.	Have you ever been found in a disciplinary board final decision to have physically abused any minor?		exploited any minor or to  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? AnswerIf yes, explain below.			
tru	ursuant to RCW 9A.72.085, I certify under penalty of perjury under to and correct. I understand that my continued employment is condat the Granite Falls School District will conduct.			
Ap	pplicant 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:	

# \*\*DON'T FORGET A COPY OF YOUR DRIVER'S LICENSE\*\*

#### RELIGIOUS ACCOMMODATION REQUEST FORM - COVID-19 VACCINATION

Granite Falls School District will reasonably accommodate the religious practices of its employees, prospective employees and volunteers in compliance with federal and state law. However, Granite Falls School District is not obligated to grant an accommodation specifically requested by an employee, prospective employee, or volunteer in every circumstance. For a school district to grant a reasonable accommodation to an employee to remain unvaccinated after October 18, 2021, the employee or prospective employee must submit this form with their new hire paperwork. Volunteers requesting the religious accommodation must submit this form 5 days prior to the event with their WSP background clearance paperwork, to allow time for review by Human Resources (HR).

Name:	Contact Number:		
Below, describe the religious belief, practice, or accommodation.	r observance that is the basis for your request for a religious		
<ol> <li>Does your religious belief, practice, or observan         <ul> <li>All medical treatment –</li> <li>All vaccinations –</li> <li>Only the COVID-19 vaccination</li> </ul> </li> </ol>	nce lead you to object to: Yes No Yes No Yes No Yes No		
3. Briefly explain how your sincerely held religious vaccination requirement.	s belief, practice, or observance conflicts with the COVID-19		
4. Briefly describe the accommodation you are rec	questing.		
If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longe needed:			
·	nation provided in this request, and that I have truthfully completed it understand that this form will be stored separately from my		
Signature	Date Send completed form to personnel@gfalls.wednet.ed		
Human Resources Review:	Date Reviewed:		
Form Reviewed by Jennifer Harmon, HR Director):  This accommodation request is Approved	:		