



Thank you for your interest in volunteering!

Please complete the following checklist.

Background Check Checklist

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

Fillable forms can be found at gfalls.wednet.edu

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

x _____
 Applicant's Name

x _____
 Address

x _____
 City/State/Zip

Valid Two Years From Issue

Right Thumb Print Optional

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.**
-

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.**
-

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.**
-

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: _____

****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:** _____

- 1. Below, describe the religious belief, practice, or observance that is the basis for your request for a religious accommodation.

- 2. Does your religious belief, practice, or observance lead you to object to:
 - a. All medical treatment – Yes No
 - b. All vaccinations – Yes No
 - c. Only the COVID-19 vaccination Yes No

- 3. Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.

- 4. Briefly describe the accommodation you are requesting.

- 5. If the request for accommodation is temporary, please identify the anticipated date the accommodation is no longer needed:

I certify that I have read and understood the information provided in this request, and that I have truthfully completed it based on my knowledge, information, and belief. I understand that this form will be stored separately from my personnel file.

Signature Date
Send completed form to **personnel@gfalls.wednet.edu**

Human Resources Review:	Date Reviewed:
Form Reviewed by Jennifer Harmon, HR Director): _____	
This accommodation request is	Approved Denied