



**Mukilteo**  
School District

# MUKILTEO SCHOOL DISTRICT

## Washington State Patrol

Request for Criminal History Information Child/Adult  
Abuse Information ACT  
RCW 43.43.830 - 43.43.845

- COMPLETE Section A
- SIGN
- PRESENT ID



### Volunteer Application Form

(For the purpose of becoming a Mukilteo School District Volunteer)

#### Section A (To be completed by volunteer)

Before completing the Volunteer Application Form, applicants **must** complete the Mukilteo School District Volunteer Applicant Disclosure Form and the Mukilteo School District Policy Receipt Form. Both forms are available on the MSD website. From the Home page go to "Community Connections" and click on "Volunteers." Please return all three forms to the Mukilteo school or department in which you are seeking to volunteer. At that time, please present photo ID. Application will be processed and you will be notified of the results. For more information, please call 425-356-1215.

\*Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

<b>Applicant Name:</b>		
First	Middle (full name is best)	Last
<b>Alias/Maiden Name(s):</b>		
<b>Date of Birth</b> (xx/xx/xxxx):	Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Race:</b>
<b>Address:</b>		<b>Phone:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Applicant Signature:</b>		<b>Date:</b>



**MSD Employee: Complete Section A only—return form to school**

### Agency Requesting Background Check

#### Section B (for MSD use only)



Photo ID is **required** and must be **presented in person**  
(MSD staff member will check off when viewed)

**School/Department:** Kamiak High School

**Address:** 10801 Harbour Pointe BLVD

**City:** Mukilteo

**State:** WA

**Zip:** 98275

**Staff Member Making Request:** Kitty Rochon

**Authorized Signature:**

**Date:**

**Official Title:** Administrative Assistant

**Phone:** 425-366-5400

# VOLUNTEER APPLICANT DISCLOSURE FORM

<input type="checkbox"/>	<b>COMPLETE</b> Questionnaire
<input type="checkbox"/>	<b>SIGN</b>
<input type="checkbox"/>	<b>Indicate "PROGRAM"</b> (in shaded area)

VOLUNTEER APPLICANT'S NAME: \_\_\_\_\_  
(Please PRINT)

Answer **YES** or **NO** to each item listed. 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 children or other persons, which is defined in RCW 43.43.830 as follows? "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 degree arson; first degree burglary; first or second degree manslaughter; first or second 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; patronizing a juvenile prostitute; 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, please explain below:  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assault or exploited any minor or have physically abused any minor?

ANSWER: \_\_\_\_\_ If YES, please explain below:  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been found 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, please explain below:  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER: \_\_\_\_\_ If YES, please explain below:  
\_\_\_\_\_  
\_\_\_\_\_

*NOTICE: An inquiry may be made to the Washington State Patrol and/or a Federal law enforcement agency to determine whether you have been (a) convicted of any offense against children or other persons as defined in this disclosure form; (b) 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; and/or (c) found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor. A copy of any response received from the Washington State patrol or a Federal law enforcement agency pursuant to such inquiry will be made available to you.*

*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 this offer to volunteer with the Mukilteo School District is contingent upon an acceptable response from the Washington State Patrol and/or Federal law enforcement agency.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program(s) you are volunteering for: \_\_\_\_\_ School: Kamiah HS  
List programs; i.e. athletics, performing arts, PTO, etc.

<b>INDICATE Program</b>
<b>Go to NEXT page</b>



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<input type="checkbox"/>	<b>COMPLETE</b>
<input type="checkbox"/>	<b>SIGN</b>

## **POLICY RECEIPT: VOLUNTEERS**

Anyone wishing to work as a volunteer for the Mukilteo School District must be aware of the following important policies:

- Nondiscrimination and Affirmative Action Policy 5010 and Procedures 5010-P
- Sexual Harassment Employee Policy 5025 and Procedures 5025-P
- Sexual Harassment Student Policy 3214 and Procedures 3214-P
- Maintaining Professional Staff/Student Boundaries Policy 5026 and Procedures 5026-P
- Child Abuse and Neglect Policy 3421 and Procedures 3421-P
- Prohibition of Harassment, Intimidation and Bullying Policy 3216 and Procedure 3216-P

You can find the content of these policies on the Mukilteo School District’s website by going to “Community Connections” on the front page and then clicking on “Volunteers.” After reading these policies, please complete the form below and submit it to the school or department in which you are requesting to volunteer.

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I, \_\_\_\_\_, hereby acknowledge receipt of the Mukilteo School District policies and procedures listed above.

I have read and familiarized myself with the contents and I understand my responsibility for adhering to these policies. I agree to abide by the school district’s procedures as outlined in the policies. I am aware that I may speak with a director of the Human Resources Department should I have any questions.

**Volunteer signature:** \_\_\_\_\_

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

**School/Department:** \_\_\_\_\_

<p><b>Go to NEXT page</b></p> <p>—————&gt;</p>
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# VOLUNTEER CONFIDENTIALITY STATEMENT

<input type="checkbox"/> COMPLETE
<input type="checkbox"/> SIGN

I, \_\_\_\_\_, understand, as a volunteer in the Mukilteo Schools, that all information regarding students, families, staff, and the organization is strictly confidential. I will respect the confidential nature of any verbal or written communication I receive regarding staff, students, and families. I agree to keep all information confidential at all times.

I will be discreet in any verbal communication by not discussing children, staff, or families in front of others. If I must communicate information within earshot of others, I will use the student's first initial only. Information gained while volunteering in the Mukilteo Schools will not be shared with anyone; however, I will immediately report any information disclosed to me concerning a child's safety directly to the principal or district coordinator.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thank you for your willingness to share your talents and time with children!**