



Dear Volunteer –

To be a volunteer in Vancouver Public Schools you must complete the Volunteer Clearance Process prior to being assigned to a volunteer position within a building. The information disclosed on these forms will be used only in making the initial decision of whether you are eligible to volunteer and will not be used or disseminated for any other purpose. This process includes the following documentation:

REQUEST FOR CRIMINAL HISTORY INFORMATION TO WASHINGTON and OREGON STATE PATROL (VPS Document)

We request this information to obtain Washington or Oregon State Patrol (WSP/OSP) records of any criminal convictions for felony crimes within the last ten (10) years as well as any offenses against persons, civil adjudication's of child abuse, and disciplinary board final decisions from the WSP/OSP criminal identification system. If the WSP/OSP report shows evidence of a criminal history background and we are unable to consider you for volunteering in Vancouver Public Schools, you will be notified by mail.

Volunteers are welcome to request a copy of their OSP/WSP report from the VPS Communications Office. If acceptable, it may be used for other community activities that require a past criminal history search clearance.

WSP/OSP Criminal History Background records expire after two (2) years from date of issue. At that time, you will need to renew your clearance.

VOLUNTEER DISCLOSURE STATEMENT (VPS Document)

This form is required by law in order to be in compliance with RCW 43.43.830, RCW 43.43.832 and RCW 9.96A.020.

VOLUNTEER EXPECTATION AGREEMENT (VPS Document)

The purpose of this form is for your safety as well as for the protection of the children you work with. By signing this form you verify that you understand the expectations and appropriate behaviors required while working as a volunteer with VPS students and staff.

If you have any questions regarding the clearance process please feel free to contact the staff at your school or the Vancouver Public Schools Communications Office at 360-313-4720.

Volunteers in our schools demonstrate that there are adults in the community who care about children and value education. Thank you for offering your time to make a difference in the lives of children.

School(s): _____
or
Program: _____

Vancouver Public Schools
Request for Criminal History Information
Child/Adult Abuse Information
via Washington/Oregon State Patrol
RCW 43.43.830 through 43.43.845

Please complete, sign, and date this form to be a volunteer in Vancouver schools. **Washington** residents must physically present a **valid** Washington State Driver's License or State ID card. **Oregon** residents must present a **valid** Oregon Driver's License or State ID card. Note: We collect \$33 from Oregon residents to cover the fee charged by Oregon to process OSP criminal background checks. (Fee can be paid by check or cash. Make check payable to Vancouver School District)

In person, return form to any Vancouver school or district office. (2901 Falk Rd)

APPLICANT INFORMATION (Please clearly **print** name and date of birth)

Applicant's Name _____
First Middle Last

Maiden/Alias Name _____

Date of Birth _____ Sex _____ Race _____
Month/Day/Year

Driver's Lic. Number _____ State _____ (Verified by building/VPS) _____

Applicant's Address _____

City State Zip Code

Email Address _____ Phone _____

Children in School _____

Applicant's Signature _____ Date _____

Agency: Vancouver Public Schools

Volunteer Coordinator:

Suzy Adams
P.O. Box 8937

Vancouver, WA 98668-8937

360.313.1039 NO FAX or SCANS

Entered into database: _____

Volunteer Disclosure Statement

To be a volunteer in Vancouver Public Schools, you must complete this Disclosure Statement per Revised Code of Washington – RCW 43.43.830, RCW 43.43.832 and RCW 9.96A.020. This information will be used only in making the initial decision of whether you are eligible to volunteer and will not be used or disseminated for any other purpose.

We will request your information to obtain a report of your record of any criminal convictions for felony offenses within the last ten (10) years as well as any offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions from the Washington State Patrol criminal identification system (see attached form). **ANY VOLUNTEER WORK WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.**

Have you ever been convicted of any of the following crimes against children or other persons?

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated murder	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree murder	<input type="checkbox"/>	<input type="checkbox"/>	Felony indecent exposure
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	First degree promoting prostitution
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree assault	<input type="checkbox"/>	<input type="checkbox"/>	Communication with a minor for immoral purposes
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree rape	<input type="checkbox"/>	<input type="checkbox"/>	First degree arson
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree rape of a child	<input type="checkbox"/>	<input type="checkbox"/>	First degree burglary
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree robbery	<input type="checkbox"/>	<input type="checkbox"/>	Indecent liberties
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	Vehicular homicide
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree criminal mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	Child abuse or neglect as defined in RCW 26.44.020	<input type="checkbox"/>	<input type="checkbox"/>	Simple assault
<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic material to a minor	<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	Custodial assault	<input type="checkbox"/>	<input type="checkbox"/>	Malicious harassment
<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling	<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree child molestation
<input type="checkbox"/>	<input type="checkbox"/>	Promoting pornography	<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree sexual misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree assault of a child	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a juvenile prostitute
<input type="checkbox"/>	<input type="checkbox"/>	Child abandonment	<input type="checkbox"/>	<input type="checkbox"/>	Violation of child abuse restraining order
			<input type="checkbox"/>	<input type="checkbox"/>	Or any of these rename crimes

If your answer is “yes” to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed. If the conviction has been the subject of an expungement, pardon, annulment, or certificate of rehabilitation please so specify:

Have you ever been convicted of any of the following crimes relating to financial exploitation of a person 60 years of age or older, who has a functional, mental or physical inability to care for himself or herself or is a patient in a state hospital?

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--|
| YES | NO | | YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | First, Second or Third degree extortion | <input type="checkbox"/> | <input type="checkbox"/> | Forgery |
| <input type="checkbox"/> | <input type="checkbox"/> | First or Second degree robbery | <input type="checkbox"/> | <input type="checkbox"/> | Or any of these crimes as they may have been renamed |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or Third degree theft | | | |

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed. If the conviction has been the subject of an expungement, pardon, annulment, or certificate of rehabilitation, please so specify:

1. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor? YES NO
2. 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? YES NO
3. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person? YES NO
4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years of age or older who has a functional, mental or physical inability to care for himself or herself or who is a patient in a state hospital? YES NO
5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 to have abused or financially exploited a person 60 years of age or older who has a functional, mental or physical inability to care for himself or herself or who is a patient in a state hospital? YES NO
6. Have you ever been convicted of crimes related to drugs, including, but not limited to manufacture, delivery or possession with intent to manufacture or deliver a controlled substance? YES NO
7. Have you, within the last ten (10) years, been convicted of any felony other than those crimes described above? YES NO

If your answer is "yes" to any of the questions above, please describe and provide the date(s) of the findings and the penalty(ies) imposed.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am eligible to volunteer, I can be discharged for any misrepresentations or omissions in the above statement. I also understand that if I am eligible to volunteer in a building then my eligibility is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signature: _____ Date: _____

Name (print): _____

Volunteer Expectation Agreement

Thank you for your interest in volunteering in Vancouver Public Schools. This information is provided for your safety as well as for the protection of the children you will be working with. Please review it carefully and ask any questions that may arise. We want the time you spend volunteering to be a positive experience for all.

Relationships For the protection of all, the relationship between you and any student you become acquainted with through volunteering in the Vancouver Public Schools must be kept appropriate at all times. Continuing your volunteer relationship through out-of-school contact, such as phone calls, home visits, or invitations to your home, social events, office, vehicle, or activities is not permitted without a specific directive from a teacher and/or prior written parental permission. This prohibition, of course, would not restrict out-of-school contact with students who are family friends or known to you through other community contacts. **Appropriate Touching** Handshakes, “high five’s”, an arm or hug around a shoulder are the only safe and friendly ways to touch a child when you are volunteering. For some children, or for some cultures, even these gestures may be unwelcome. No child should be subject to unwelcome touching no matter how well intended. If a child ever inappropriately touches you, please inform a staff member right away.

Communication You are a role model. Your conversation with students and staff should demonstrate respect for others and avoid language that may be perceived as discriminatory, profane, sexist, or offensive. No student or staff person should ever be treated differently, spoken to disrespectfully or denied services on the basis of race, religion, disability, age, national origin or marital status. In addition, school personnel or volunteers can not encourage or promote religious beliefs by class activities, comments or invitations to their place of worship.

Confidentiality As a volunteer, you must respect and maintain confidentiality in regard to personal information obtained regarding a child or his/her family with certain exceptions. Reasonable suspicion of abuse, neglect, sexual harassment, illegal or dangerous activities should be shared with staff. Be assured they will follow up on the information. Do not photograph students or post information about students on social media.

Discipline Any discipline of a student should be left up to a staff member. Physical punishment is never permitted.

School Safety Plan In the event of an emergency while you are on site (fire, earthquake, etc.) you need to be familiar with the Safety Plan of the building you volunteer in. Each school will provide their Safety Plan to volunteers at orientation & training sessions.

Check In/Out All visitors, including volunteers, are required to sign in at the main office in the school and wear an identification badge while on campus.

Volunteer Orientation & Training All volunteers will receive orientation to general building procedures, including an understanding of school policies, rules, and expectations; a tour of the campus; and instructions on what to do in the event of an emergency while you are on site. Specific training for the program you will be working in and instructions on how you will communicate with the assigned staff member should also be provided.

I have read and understand the above expectations:

_____ Volunteer’s Name (please print)	_____ Signature	_____ Phone
_____ Volunteer Coordinator’s Signature	_____ School	_____ Date