

Student Name _____

LOCATION _____

SUPERVISOR _____



Walla Walla Public Schools

Personnel

364 South Park Street Walla Walla WA 99362-3293 * (509) 527-3000 * FAX (509) 529-7713

VOLUNTEER DISCLOSURE STATEMENT

Please 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 children or other persons as defined in RCW 43.43.830, and listed 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 for immoral purposes; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; 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; or any of these crimes as they may be renamed in the future?

ANSWER _____ If YES, explain below.

2. Have you ever been found by a court in a domestic relations proceeding or dependency action to have physically or sexually abused or exploited any minor or to have physically or sexually assaulted any minor?

ANSWER _____ If YES, explain below.

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

ANSWER _____ If YES, explain below.

4. Have you ever been convicted of possession of a controlled substance; or possession with intent to deliver a controlled substance?

ANSWER _____ If YES, explain below.

(over)

5. Have you ever been convicted of buying, selling, serving, or otherwise furnishing alcoholic beverages to minors?

ANSWER _____ If YES, explain below.

6. Are you presently being accused of, but have not been declared guilty of, any of the crimes described in paragraphs 1 – 5?

ANSWER _____ If YES, explain below.

7. Do you have any nicknames or short first names or any other name or alias by which you are referred, or by which you refer to yourself, other than as signed below?

ANSWER _____ If YES, explain below.

Any misrepresentation or willful omissions of facts shall be grounds for rejection of the volunteer from service and shall be grounds for termination of service. Furthermore, it is understood that this application and record become the property of the District, which reserves the right to accept or reject your volunteer service. A criminal history on all volunteers will be requested through the Washington State Patrol or Federal Law Enforcement Agencies, and fingerprinting of applicants may be required as a pre-volunteer condition.

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. Further, I hereby authorize the District to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency or government agency, or the Washington State Patrol or any Federal Law Enforcement Agency to give the District any information they may have regarding me. I further authorize the District to disclose any information they may have regarding me if such information is requested by a different potential future employer of me. In consideration of the District's review of this application, I release the District and all providers of information from any liability as a result of furnishing and receiving any of the above information.

Signature _____ Print Name _____

Address _____ Phone _____

Social Security # (optional) _____ Date of Birth _____

Date _____ School District Administrator _____

The Walla Walla School District does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The Assistant Director of Personnel, 364 South Park Street, Walla Walla, Washington 99362, (509) 526-6713, has been designated to handle questions and complaints of alleged discrimination.