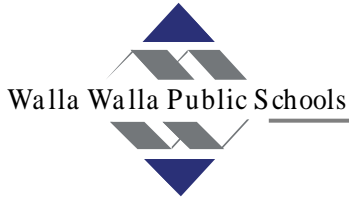


LOCATION \_\_\_\_\_

SUPERVISOR \_\_\_\_\_



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.

\_\_\_\_\_  
\_\_\_\_\_

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

ANSWER \_\_\_\_\_ If YES, explain below.

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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.

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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.

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**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 # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date \_\_\_\_\_ School District Administrator \_\_\_\_\_

The Walla Walla School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, religion, color, national origin, gender, age, marital status, disability or sexual orientation. This holds true for all district employment and opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX/RCW 28A.640 compliance officer and/or Section 504/ADA coordinator, Liz Campeau, 364 South Park, Walla Walla, Washington, 99362, (509) 526-6713.