



Kennewick School District

2017-18 Volunteer Application

Office Use Only	
<input type="checkbox"/> WATCH completed	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	
<input type="checkbox"/> Restrictions _____	
Signature _____	Date _____

Please Print Legibly

Applicant Information

This is a: New application Renewal

I am a: Parent/Guardian Relative Community Member

School(s) where I wish to volunteer: _____

Name of children/student(s) in school, if any: _____

Are you currently, or have you ever been, an employee or substitute with the Kennewick School District?

No Yes If yes, please provide dates: _____

Personal Information

Full legal name: _____
First Middle Initial Last

Maiden name(s)/Nickname(s)/Alias(es): _____

Birthdate: _____ Male Female Driver's License #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone: _____

Emergency Contact Information

Name: _____ Phone: _____

Relationship: _____

Volunteer Programs You Wish to Participate in

Volunteer activities (Please check your volunteer interests below)

- School Office Presenter School Library Classroom # _____ PTO/PTA
 Tutor Team Read ECEAP Field Trip Chaperone Sports
 Other: _____

Do you require any accommodations? No Yes If yes, what is the accommodation? _____

I understand that by registering with the Kennewick School District, I may choose among the volunteer jobs offered to me, and I am under no obligation to accept any placement unless I choose to do so. As a condition of being permitted to volunteer for Kennewick School District, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from my volunteer activities. I hereby agree to waive any and all claims arising out of any such injury or damage. I have reviewed and will uphold Kennewick School District policies and procedures relating to confidentiality, discrimination and harassment, as well as the roles and expectations in providing volunteer services.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (if applicant is under 18): _____

After completing the next page, please submit your application to the school in which you'd like to volunteer.



The Washington State Legislature assists district schools with the security of our students by requiring that all prospective employees and volunteers sign a disclosure form, if they will or may have regularly scheduled unsupervised access to children under sixteen years of age, developmentally disabled persons or vulnerable adults. Kennewick School District supports this requirement and additionally requires that all volunteers complete this form annually, regardless of whether they supervise students. A background check will be requested through the Washington State Patrol Identification and Criminal History Section. Upon request, a copy of the response will be made available to you.

Please answer the following questions completely and sign the declaration below. Do not assume a prior conviction has been removed from your record no matter how long ago it occurred.

1. Have you EVER (at any time) been convicted* of any crime including DUI or negligent driving?

Yes No

If 'Yes', please identify the offense(s) and provide the state and date(s) of conviction: _____

2. Have you ever had findings made against you in any civil adjudicative proceeding involving domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or vulnerable adult as defined in RCW43.43.830?

Yes No

If 'Yes', please provide information on the findings: _____

3. Do you currently have any outstanding criminal charges or warrants for your arrest pending against you? Are you presently under investigation for possible criminal charges?

Yes No

If 'Yes', please identify the outstanding charge(s)/warrant(s), state(s) and date(s): _____

****Convicted means: all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, a stipulation to the facts, a deferred or suspended sentence, a period of probation, or a deferred prosecution.***

Answering 'Yes' will not automatically disqualify you from volunteering. Falsified information may disqualify you from volunteering even if the event alone may not have been disqualifying.

By signing this application, I, _____, certify that the foregoing statements are answered truthfully and correctly. I authorize Kennewick School District to conduct a background check for the purpose of arriving at a decision regarding my volunteer status. I understand I am not to volunteer with the District until I have been cleared to volunteer. I further understand that any falsification or deliberate misrepresentation, including omission of a material fact, or failure to complete any part of this application can be grounds for denial of volunteer service or continued volunteer service with Kennewick School District.

Applicant Signature: _____

(Sign in the presence of a Kennewick School District Employee)

Date: _____

School District Employee Signature: _____

(Witness the volunteer signing above)

School: _____

Please retain the attached cover letter and return your completed volunteer application to the school in which you'd like to volunteer, or to the HR office at 1000 W 4th Avenue, Kennewick, WA 99336.