VASHON ISLAND
SCHOOL DISTRICT

Background Check Form

This form must be completed before coaches, vendors, volunteers or parent volunteers work with our schools. A copy of positive photo identification must be **attached** (driver's license, passport, etc.). The following information must be completed prior to a final agreement for volunteer work at the Vashon Island School District. Please respond and sign the acknowledgement below that a **Washington State Patrol Background Inquiry** will be made.

Please PRINT your name: _____

First   Middle   Last

Other name(s) (include maiden names, nicknames, etc.) _____ Date of Birth _ _/_ _/_ _ _ _

(For WSP Use Only)

School: ❑Chautauqua Elementary   ❑McMurray Middle   ❑Vashon High School   ❑Link Programs

Please answer the following questions. If you check "yes" to any questions, please explain through attachment.

HAVE YOU BEEN:

1. Convicted of any crime against children or other persons?   No ❑   Yes ❑

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?   No ❑   Yes ❑

3. Convicted of crimes related to drugs as defined in RCW 43.43.830?   No ❑   Yes ❑

4. Found in any dependency action under RCW 13.13.040 to have sexually assaulted or
   exploited any minor or to have physically abused any minor?   No ❑   Yes ❑

5. 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?   No ❑   Yes ❑

6. Found in any disciplinary board final decision to have sexually or physically abused or
   exploited any minor or developmentally disabled person or to have abused or financially
   exploited any vulnerable adult?   No ❑   Yes ❑

7. Found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused
   or financially exploited a vulnerable adult?   No ❑   Yes ❑

I have read the information contained in this application. 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 authorize the Vashon Island School District No. 402 to conduct a background check and to obtain any and all information needed to process my volunteer application. I further authorize any person contacted by the Vashon Island School District to provide information to the Vashon Island School District about my volunteer application. I understand that information from others will not be made available to me. I hereby release and hold harmless the Vashon Island School District #402 and all references from any and all liability in obtaining or disclosing such information about my background. I understand that the District may, at its discretion, exclude me from volunteering for any reason, including any misleading or incomplete statements on this application. Failure to answer any questions truthfully will automatically disqualify you from volunteer opportunities with the Vashon Island School District. I swear, under penalty of perjury, that the information I have provided herein is true and complete. Further, I authorize Vashon Island School District authorities to make a Washington State Patrol Background Check every two years that I am associated with the Vashon Island School District.

Signed:_____   Date: _____

(check one)   ❑Coach   ❑Vendor   ❑Volunteer/Parent

Will this person have unsupervised access to children under 16 years of age?   No ❑   Yes ❑

WATCH   WATCH +Fingerprints

Confidentiality and Ethics

The issues of confidentiality and ethics are extremely important when working with students and staff in the Vashon Island School District.

Any person who may have access to confidential student or employee information must commit to ensuring that all such information remains strictly confidential. It is our obligation to protect the rights of children and adults within our District; therefore, any information which may be deemed to be personal or confidential which is observed, reviewed, typed, filed or obtained in any manner while under the direction of the district must be kept in the strictest confidence unless otherwise directed by an administrator.

Please indicate your understanding of the above information by signing in the space provided below.

I understand and agree to the stipulation regarding confidentiality and ethics as stated above.

_____
Printed Name

_____
Signature

Office Use Only:
Name of employee who processed WSP online report: _____
Date report processed: _____
❑   Approved   ❑   Rejected