



*Oroville School District #410*

816 Juniper Street  
Oroville, WA 9884

## Volunteer Background Check

Notification and Authorization for Background Investigation Disclosure Statement

### APPLICANT OF INQUIRY

First Name \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

Aliases/Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of child in school and purpose \_\_\_\_\_

Building \_\_\_\_\_

See Reverse Side for Disclosure Information

### School Verification

☐ ID Verification (Driver's License/other ID with name/birth date) ..... Initials \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Birth Place \_\_\_\_\_

☐ Address Verification for overnight chaperones is required: ..... Initials \_\_\_\_\_

☐ State Patrol Criminal History Check & the National Sex Offender Website  
Date Passed \_\_\_\_\_ Initials \_\_\_\_\_

Comments \_\_\_\_\_

Building Administrator approval: \_\_\_\_\_ Date \_\_\_\_\_

**In accordance with RCW 43.43.830-845, all applicants who have been offered a position as a volunteer, and in which the person will or may have unsupervised access to children under the age of sixteen, are required to disclose the following information.**

**Volunteer Applicant Disclosure Form**

Answer YES or NO to each of the listed items. If the answer is YES to any of the items, please explain in the area provided, indicating the charge or finding, the date and the court(s) involved.

(1) Have you in the past year, been arrested for any crimes? ☐ Yes ☐ No

If Yes, Please explain: \_\_\_\_\_

(2) Have you been convicted of any crimes? ☐ Yes ☐ No

If Yes, Please explain: \_\_\_\_\_

(3) Have you been found in any dependency action under Chapter 13.34 RCW to have sexually assaulted or exploited any minor or to have physically abused any minor? ☐ Yes ☐ No

If Yes, Please explain: \_\_\_\_\_

(4) Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually assaulted or exploited any minor or to have physically abused any minor? ☐ Yes ☐ No

If Yes, Please explain: \_\_\_\_\_

(5) Have you been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor? ☐ Yes ☐ No

If Yes, Please explain: \_\_\_\_\_

(6) Other than any matter above, is there any fact or circumstance involving you and your background that would call into question your being entrusted with the supervision, guidance and care of young people, vulnerable adults or developmentally disabled persons? ☐ Yes ☐ No

If Yes, Please explain: \_\_\_\_\_

(7) All volunteer chaperones participating in overnight field trips may be required to submit to a FBI background check. Is there any information you failed to provide that would keep you from serving as a volunteer? ☐ Yes ☐ No

If Yes, Please explain: \_\_\_\_\_

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 Oroville School District #410 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 Oroville School District to provide information to the Oroville School District about my volunteer application. I understand that information from 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 truthfully will automatically disqualify you from volunteering for Oroville School District #410.**

Volunteer Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_