

VOLUNTEER APPLICATION FORM

DATE _____

OFFICE USE ONLY

NAME _____

Starting Date _____

Teacher _____

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ E-MAIL _____

WORK PHONE _____

EMPLOYER'S NAME _____

BIRTH DATE _____

CHILD'S NAME _____ TEACHER _____

IN AN EMERGENCY, PLEASE NOTIFY _____ PHONE _____

ARE YOU BILINGUAL? _____ WHICH LANGUAGE? _____

I would like to be involved in the following classroom activities:

____ Room Assistant

____ Reading to/with students

____ Assist with arts/crafts

____ Other _____

____ Work with individual students

I am willing to give a talk and/or demonstration about my profession and/or hobby listed below:

____ Animals/Pets

____ Cultures

____ Cooking/Nutrition

____ Music

____ Dance

____ Sewing

____ Plants

____ Wood/Carpentry

____ Space/Solar System

____ Other _____

I would like to assist in the following special projects:

____ Phone Committee

____ Fundraising

____ Field Trips

____ Counting Money

____ Working in the PAC

____ Help in the office/library

____ Popcorn

____ Other _____

The best time for me to help is: From _____ O'Clock to _____ O'Clock

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

ATTACHMENT TO WASHINGTON STATE PATROL
REQUEST FOR CRIMINAL HISTORY INFORMATION

Have you ever been convicted of a crime? _____

If no, I certify that I have not been convicted of any of the attached crimes as listed under RCW 43.43.830 through RCW 43.43.842 which are crimes against vulnerable adults and/or children:

Signature

Date

Print Name

If yes, convicted of? _____,
(If yes, conviction will not necessarily disqualify you.)

Date of conviction? _____.

Place of Conviction _____,
City State

Signature

Date

Print Name

Washington State Law requires that Solid Ground secure a criminal history background check on all prospective employees and volunteers. Please fill in section C and D on the attached Washington State Patrol, form WSP-CRD-430.

WASHINGTON STATE PATROL
Identification and Background Check Section
PO Box 42633
Olympia WA 98504-2633
(360) 534-2000
<http://watch.wsp.wa.gov>



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

- ☐ **\$32 Fee — Conviction Criminal History Record Information Based on Name and Date of Birth**
- For an \$11 fee and an immediate response using a credit card, access our web site listed above.
- ☐ **\$58 Fee — Conviction Criminal History Record Information Based on Fingerprints**
- A full set of fingerprints on a fingerprint card is required for processing.
- ☐ **\$10 Fee per Notary Seal — Notary Letter(s) in Addition to Criminal History Record Check**
- Requesting _____ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name _____
Last First Middle

Alias/Maiden Name/Other Names Used _____

Date of Birth _____
Month/Day/Year

REQUESTOR INFORMATION: (Please type or print clearly)

Name _____

Address _____

City State ZIP Code

Contact Phone Number () _____

Would you like your results e-mailed or mailed? (Please select only one)

☐ Mailed (It may take 7 to 14 business days for response, when mailed.)

☐ E-Mailed*

E-Mail Address _____

* Results can only be e-mailed for name and date of birth inquiries. Fingerprint-based background checks and notary letters will be mailed. Password is required to open encrypted PDF results.