Volunteer Application Today's Date _____/_____/_____

Full legal name_____

Alias/Maiden Name/Other Names Used_____

I am a: Parent / Guardian Relative Other: _____ Date of Birth _____/_____/_____

Address_____City_____ST_____ZIP_____

Email_____Phone#_____

Name of Child(ren)/student(s) and grade(s):

_____

Emergency Contact Information:

Name_____

Phone#_____

CPR/1st AID Card (Not required) ☐Yes ☐No Exp. Date_____

Acknowledgment of Background Check and Conditions for Volunteering

I, _____, understand that Hillside Academy conducts thorough background checks on all prospective and current volunteers as part of its commitment in agreement with the Washington State Legislature to provide a safe environment for its students, staff, and community. I acknowledge that, should a background check reveal a match with any sex offender registry, Hillside Academy reserves the right to deny or terminate my volunteer service immediately. I further understand that my ability to volunteer with Hillside Academy remains contingent upon the successful completion of all background checks as required by law and the organization's policies.

Date _____/_____ / _____
Applicant Signature _____

Volunteer Applicant Disclosure Form

All volunteers who are interested in working with children are required to complete this disclosure form in its entirety. *Please answer the following questions honestly and completely and sign below.*

1) Have you ever been convicted of a crime as defined in Section I of Chapter 486, Laws of 1087, and RCW26.44.020? You must include any and all past or current criminal convictions.

☐ No ☐ Yes

If "yes", please identify the crime(s), provide the date(s) of the conviction(s), the name of the court(s), (e.g., King County Superior Court), and the sentence(s) imposed.

_____

2) Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, or exploitation of a child in any legal proceeding? These proceedings include judicial or administrative proceedings as well as findings by the Department of Social and Health Services (DSHS) or the Department of Health that you have not challenged or appealed.

☐No ☐ Yes

If "yes", please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s), and the penalty(ies) imposed.

_____

3) Do you currently have any criminal charges pending against you? Are you presently under investigation for possible criminal charges?

☐ No ☐ Yes

If "yes", please provide pertinent details to enable Riverview School District to evaluate, including the charge(s), date(s), jurisdiction(s), and status.

_____

4) Other than any matter already listed, are there any facts or circumstances involving you and your background that would call into question the district entrusting you with the supervision, guidance, and care of its students?

☐ No ☐ Yes

If "yes"" please explain.

_____

Disclosure Statement:

I hereby authorize and consent to Hillside Academy to inquire into and undertake whatever background check of me that, in its sole discretion, it deems appropriate to determine my fitness to serve as a volunteer. I understand the inquiry will include a criminal history check through the WSP WATCH Database as well as the Dru Sjodin National Sex Offender Public Website. I understand the information will be kept confidential to the extent permitted by law, but that Hillside Academy, as a private entity, is subject to the State Public Records Act, RCW 42.56, and the exemptions provided thereunder, as amended. I release and hold harmless Hillside Academy, its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that if Hillside Academy determines, in its sole discretion, that I have provided false or incomplete information in response to the above questions, or the school decides, with or without cause, not to approve or retain me as a volunteer for whatever reason, Hillside Academy may, without notice or other process, reject my application to serve as a volunteer, or revoke my privilege to serve as a volunteer.

Pursuant to RCW 9A.72.085, I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. All information in this application is accurate to the best of my knowledge. I have thoroughly read the Hillside Academy Volunteer Handbook. I understand the information in the handbook, and I agree to comply with the guidelines and policies set forth in the handbook specifically confidentiality of students and student information. As a condition of being permitted to volunteer for Hillside Academy, 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 all claims arising out of any such injury or damage.

Agreement and Signature:

By submitting this application, I affirm that the facts outlined in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I affirm that I have read, understand, and agree to all of the specific district policies that are highlighted in the volunteer handbook.

Date _____/_____ / _____

Applicant Signature _____

No handbook serves to contractually bind the school in any way; Hillside Academy's Board of Directors reserves the right to change the handbooks without notice.

**** Please attach one copy of your current driver's license or other valid photo ID <u>OR</u> bring to the main office where a copy can be made for you****