

Board of Directors

Kasey Schiewe
Jessica Reeves-Rush
Adam Barr
Forrest Bergin
Ryan Hilton



Superintendent

Clint Endicott

Assistant Superintendent

Amanda Jewell

Dear Future Volunteer:

Congratulations for choosing to volunteer with the Tenino School District. The evidence is beyond dispute, when schools partner with families to support learning, children succeed not just in school, but throughout life. On behalf of the School Board and staff, I extend a warm welcome to you.

District Policy requires volunteers to apply on an annual basis. This application will cover your involvement in all Tenino Schools for the **2022-2023** school year.

To ensure that our schools continue to be a safe learning environment, the district is required by Washington State law to have all volunteers complete a background check and a criminal history disclosure statement. Your Washington State Patrol report will be treated with confidentiality and kept on file. Misdemeanor offenses will be decided on a case-by-case basis. *If you have a felony or a crime against a child, your application will be denied.*

Please complete the volunteer application in ink and be sure to sign it. The application cannot be processed without your signature. Please attach a copy of your Driver's License or state issued picture ID card.

After the completed paperwork has been received, please allow 10 days for processing your application.

Completed applications may be delivered to any Tenino school office, the district office located at 301 Old Hwy 99 North, in Tenino or mailed to:

**Tenino School District
Attn: Volunteer Program
PO Box4024
Tenino, WA 98589**

Parents, guardians, staff, and the larger Tenino community all want a quality education for our children. With your volunteer contribution, we will be much closer to realizing this goal. I look forward to working with you as a partner in pursuit of educational excellence.

Sincerely,

Clint Endicott
Superintendent

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Volunteer Application

Date of Application: _____

Full Name: _____ Maiden/Birth Name: _____

Mailing Address: _____ City & Zip: _____

Preferred Contact Method (Cell/Home/Email): _____

Applicant Disclosure Pursuant to RCS 43.43.834- Child & Adult Abuse Information Act.

1. Have you ever been charged and/or convicted of any crime against persons?

YES

NO

2. Have you ever been found in any dependency action, domestic relations proceedings, or a disciplinary board final decision, to have sexually abused, sexually assaulted, exploited, or physically abused any minor?

YES

NO

If you answered **NO** to each of the questions, please complete the Washington State Patrol Identification form.

If you answered YES to any of the above questions and still wish to volunteer, please explain the circumstances, and then complete the Washington State Patrol Identification form.

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WASHINGTON STATE PATROL
Identification and Criminal History Section
PO BOX 42633, Olympia WA 98504-2633
REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845

***This background check cannot be processed without your signature and a copy of your Driver's License or state issued picture identification card.**

APPLICANT OF INQUIRY

Applicant Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____

Secondary dissemination of this criminal history record is prohibited unless in compliance with RCW 10.97.050

I certify under penalty of perjury according to the laws of the state of Washington that the foregoing is true and correct. I understand that my time will be spent in a volunteer capacity only.

Applicant Signature: _____ Date: _____

For Office Use Only

Interviewed By: _____ Date: _____

References Checked By: _____ Date: _____

WSP Check Date: _____