



TENINO SCHOOL DISTRICT NO. 402

301 Old Hwy 99 N. Tenino, WA 98589 | Phone: (360) 264-3400

Board of Directors Kasey Schiewe | Jessica Reeves-Rush | Adam Barr | Ryan Hilton | Forrest Bergin
Superintendent, Clinton Endicott | Assistant Superintendent, Amanda Jewell
Executive Director of Business & Operations, Jamie Black

Dear Future Volunteer:

Congratulations on 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 entirety of the **2023-2024** 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. The application will not 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:

Attn: Volunteer Program
Tenino School District
PO Box 4024
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 the pursuit of educational Excellence.

Sincerely,

Clint Endicott
Superintendent

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Superintendent, Clinton Endicott | **Assistant Superintendent,** Amanda Jewell
Executive Director of Business & Operations, Jamie Black**2023-2024
Volunteer Application**

Date of Application: _____ *Application valid for the entirety of the school year in which you apply.

Applicant Information

Last Name: _____ First Name: _____ Middle Initial: _____

Former Name(s): _____ Phone: _____

Mailing Address: _____ Email: _____

What is your relationship to TSD: ☐ Parent/Guardian ☐ Relative ☐ Community Member ☐ Other _____

Parents/Guardians/Relatives, please list the full name(s) of each student and your relationship to them.

<u>Student(s):</u>	<u>Relationship:</u>

Which location and/or activity are you interested in volunteering? *Select all that apply.*

- ☐ Parkside Elementary ☐ Tenino Elementary ☐ Tenino Middle School ☐ Tenino High School
☐ Field Trips ☐ Community/PTSA Event ☐ Athletics/Coaching ☐ Other _____

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: _____ <div style="display: flex; justify-content: space-around;"><i>Last</i><i>First</i><i>Middle</i></div>		
Former Name(s): _____		
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	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

Application Accepted/Reviewed By: _____		Date: _____
Primary Volunteer Location: <input type="checkbox"/> PES <input type="checkbox"/> TES <input type="checkbox"/> TMS <input type="checkbox"/> THS <input type="checkbox"/> Athletics/Coaching <input type="checkbox"/> Other _____		
WSP Check Date: _____	Initials: _____	Added to Volunteer List: <input type="checkbox"/> YES <input type="checkbox"/> NO