



A APPLICANT INFORMATION

Please use your FULL, LEGAL NAME - all fields are required.

First	Middle	Last	STUDENT NAME		
Date of Birth	Sex	Race	Height	Weight	
Driver's License OR State/Federal ID number		ID Issued By	Eye Color	Hair Color	
Primary phone number	Secondary phone number		Email Address		
Physical Address			City	Zip	
Mailing Address			City	Zip	

Have you ever used another name? If yes, please list any and all prior names **including alias, maiden, former married, etc.**

1. Have you ever been convicted of a crime? Yes No
2. Have you ever had findings made against you in any civil adjudicative (*) proceeding? Yes No
3. Have you ever had both a conviction and finds made against you? Yes No

If you have answered YES, to any of the 3 questions above, please explain below. If more room is needed, please attach a second page.

I would like to volunteer with: _____
(Provide Name of School and/or Department)

I understand that by signing below, I am authorizing the Blaine School District to run a criminal history background check/records check available through the Washington State Patrol and the WA Access to Criminal History website, as allowed by RCW 43.43.830-43.43.845.

PRINT NAME: _____

SIGNATURE _____

DATE _____

RETURN COMPLETED FORM TO:

The specific school or department that you are requesting to volunteer for.

B REQUESTING SCHOOL/DEPARTMENT

I certify this request is made pursuant to and for the purpose indicated

Individual making request _____

Title _____

School and/or department _____

Authorized Signature _____

Date _____

Phone Number _____

* Adjudication is the legal process by which an arbiter or judge reviews evidence and argumentation including legal reasoning set forth by opposing parties or litigants to come to a decision which determines rights and obligations between the parties involved.



Blaine School District

765 H Street ♦ Blaine, Washington 98230 ♦ 360-332-5881 ♦ Fax 360-332-7568 ♦ www.blainesd.org

Volunteer Release/Hold Harmless Agreement

The undersigned desires to participate as a volunteer for Blaine School District.

I ACKNOWLEDGE the District will make every attempt to insure my safety while I am participating as a volunteer in school-sponsored events/activities and I acknowledge that there are certain inherent risks involved in certain activities that may be unavoidable resulting in bodily injury or property damage to myself or others.

I further acknowledge the District does not provide any accidental medical insurance coverage for events/activities and that I assume all risks of accidental injury or damage to my person or property when volunteering.

I agree to hold and save harmless the Blaine School District, its School Board and Employees, and assigns for any claims, suits or damages, (including but not limited to defense and indemnification) which might result from my participation as a volunteer.

Print Name: _____

Signature: _____ Date: _____
(If under 18 years of age, parent/guardian signature is required below)

Signature of Parent/Guardian: _____ Date: _____
(If applicable)