



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'd like to volunteer with: _____
(Provide Name of School and Sport you will be working with)

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:

Sean Linville, the Athletic Director for Blaine SD (@ Blaine HS)

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.

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COACHING PHILOSOPHY

Please describe your philosophy of coaching or advising extracurricular activities:

WIAA COACHING STANDARDS FOR HIGH SCHOOL COACHING POSITIONS

All coaches are required to hold current CPR and first aid certification cards and to participate in WIAA approved in-service/training courses as stipulated by the WIAA Coaches Standards and Education Program. Please supply copies of these documents with your application.

CPR Card: _____ Expiration Date _____ First Aid Card: _____ Expiration Date _____

COACHING/EXTRA CURRICULAR EXPERIENCE

Organization or School District Including City and State	Dates (Mo/Yr)	Sport/Activity Position	Supervisor's Name and Phone Number
	From: ___/___ To: ___/___		()
	From: ___/___ To: ___/___		()
	From: ___/___ To: ___/___		()
	From: ___/___ To: ___/___		()
	From: ___/___ To: ___/___		()

SPORTS PARTICIPATION

Year(s)	Sport	Letters Earned	Level
			<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Other
			<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Other
			<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Other
			<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Other

CURRENT/PREVIOUS EDUCATION HISTORY (Begin with High School Information)				
Dates (Mo/Yr)	Name of School/College/University	Location / Address	Major	Degree/ Graduate?
From: ___ / ___ To: ___ / ___				
From: ___ / ___ To: ___ / ___				
From: ___ / ___ To: ___ / ___				
From: ___ / ___ To: ___ / ___				

LIST ALL PRIOR STATES YOU HAVE RESIDED IN SINCE THE AGE OF 18		
Dates (Mo/Yr)	Street Address	City, State ZIP
From: ___ / ___ To: ___ / ___		
From: ___ / ___ To: ___ / ___		
From: ___ / ___ To: ___ / ___		
From: ___ / ___ To: ___ / ___		
From: ___ / ___ To: ___ / ___		

PROFESSIONAL REFERENCES			
Name	Title	Employer Name	Phone Number
			()
			()
			()

I authorized the Blaine School District to make any investigation of any personal, educational, vocational or employment history. I further authorize any current or former employer, person, firm or agency to provide Blaine School District with information they have regarding me. I hereby release and discharge the Blaine School District and those who provide information from any application, including any and all liability as a result of furnishing and receiving this information. I further agree that falsification of any part of this application packet, including any accompanying inserts, shall be sufficient cause for dismissal. References and personal information which become part of this application will be regarded as confidential and shall not be revealed to me.

Applicant Signature: _____ Date: _____

NON-DISCRIMINATION:
The Blaine School District complies with all federal rules and regulations and does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, pregnancy, marital status, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability, and provides equal access to the Boy Scouts and other designated youth groups. Vietnam era veterans and people with disabilities are encouraged to apply. The Blaine School District supports the spirit, policies, and practices of affirmative action, and has implemented programs to address the diversity of the work force. Inquiries regarding compliance procedures may be directed to the school district's Title IX Officer, Christine Anderson, or Section 504 Coordinator, Randy Elsbree, at 360-332-5881.



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)



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
 Office of Professional Practices
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
 OPP (360) 725-6130 TTY (360) 664-3631
 Web Site: <http://www.k12.wa.us/certification>
 E-Mail: cert@k12.wa.us

CHARACTER AND FITNESS SUPPLEMENT

Please complete the following questions carefully and completely before providing information and signing the affidavit. **Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.**

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH ON A SEPARATE SHEET OF PAPER.

SECTION I - PERSONAL INFORMATION (please print or type)

1. NAME LAST FIRST MIDDLE	2. MAIDEN NAME
3. ADDRESS CITY/STATE/ZIP	4. DATE OF BIRTH
6. TELEPHONE BUSINESS: () HOME: ()	5. SOCIAL SECURITY NO. (OPTIONAL) 7. E-MAIL
8. Please list all former names you have used and approximate dates of use. (If more than three, list on separate sheet of paper.)	
_____ Date _____ Date _____ Date	

SECTION II - PROFESSIONAL FITNESS

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever held or do you currently hold a Washington education certificate? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever held or do you currently hold any education certificate, credential or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries: |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry. |

If you answer "yes" to questions 4 through 11 (Section II), on a separate sheet of paper, give a complete explanation, including duties, circumstances, and supporting documentation.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions [including stayed], revocations, voluntary surrenders, or avoidance.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever withdrawn an application for any education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending? |

- Yes No
10. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
- Yes No
11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?

SECTION III - CRIMINAL HISTORY

If you answer "yes" to any of the questions 1–5 (Section III), please provide the following:

- A. On a separate sheet of paper state the following:
- A detailed statement including what occurred, the nature of the offense, charge or warrant.
 - The name and address of the arresting agency.
 - If a court was involved, the name and address of the court.
 - The date of the arrest.
 - The final disposition, if any.
- B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge[s] were filed).
- C. Provide a copy of the complete arresting officer's report.
- D. If a court was involved, provide the sentence and judgment (can be obtained at the court in which the charge[s] were filed).
- E. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1, 2, 3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under influence (DUI) occurring more than 5 years ago.

- Yes No
1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (Do NOT include Minor in Possession [MIP]/Minor in Consumption [MIC] occurring more than 2 years ago or Driving Under Influence [DUI/DWI] occurring more than 5 years ago.) (Note: For "yes" responses to 1, 2, 3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed.
2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?
3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes [1] all instances in which a plea of guilty or nolo contendere is the basis of conviction, [2] all proceedings in which a sentence has been suspended or deferred, [3] or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed.
4. Have you ever been convicted of any felony crime?
5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country.
6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation on a separate piece of paper.

SECTION IV - FITNESS

If you answer "yes" to any question (Section IV), provide a written explanation on a separate sheet of paper:

- Yes No
1. Have you ever exhibited any behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license?
2. In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.)
3. In the last 10 years, have you ever threatened to damage or destroy property?
4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)
5. Have you ever threatened to do physical injury or harm to any person(s)? (Do not list threats issued as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)

SECTION IV - FITNESS

- Yes No
 6. Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?
- N/A 7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?
- N/A If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.
8. Do you currently use illegal drugs?
9. Have you used illegal drugs in the last year?
- N/A If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.

- Yes No
 10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?
11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person?

If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.

- Yes No
 12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)
13. Are you currently in non-compliance with a support order?

SECTION V - CHARACTER REFERENCES

List three individuals, not related to you, who will serve as character references.

NAME		TELEPHONE NUMBER ()
MAILING ADDRESS		CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)		
NAME		TELEPHONE NUMBER ()
MAILING ADDRESS		CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)		
NAME		TELEPHONE NUMBER ()
MAILING ADDRESS		CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)		

*** ATTENTION ***

Please complete the appropriate sections on the next page (pg. 4 of 4).

ALL APPLICANTS MUST COMPLETE THE AFFIDAVIT

AFFIDAVIT

I, _____ certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.

SIGNATURE

DATE

CITY/STATE

COLLEGE/UNIVERSITY STUDENTS ONLY

Please also complete the release below:

AFFIDAVIT

I hereby authorize _____ to release, orally or in writing as may be requested,
(name of college/university)
all student records and other personally identifiable information to the Office of the Superintendent of Public Instruction (OSPI) for the purpose of investigating and determining my eligibility for Washington State certification pursuant to RCW 28A.410, WAC 181-86, and WAC 181-87, as now or hereafter amended.

SIGNATURE OF APPLICANT

DATE