



# Volunteer Screening Form Consent to Background Check

Request for Criminal History Information  
Child/Adult Abuse Information Act  
RCW 43.43.830 through 43.43.845

REQUESTING SCHOOL: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
*ex. Teacher's Name, Athletic Sport*

STUDENT NAME: \_\_\_\_\_

VOLUNTEER APPLICANT INFORMATION (PLEASE PRINT CLEARLY)		
Last	First	Middle
NAME: _____		
LIST ALL ALIASES / MAIDEN NAME: _____		RACE: _____
DATE OF BIRTH: _____ / _____ / _____	GENDER: <u>  </u> M <u>  </u> / <u>  </u> F <u>  </u> DRIVER'S LICENSE / STATE ISSUED ID #: _____	
<small>Month Day Year</small>		
ADDRESS: (complete mailing address) _____ _____		
PHONE: CELL ( _____ ) _____ HOME ( _____ ) _____ EMAIL: _____		

In accordance with Chapter 43.43.830 through 43.43.845 of the RCW, prospective volunteers are required to complete this disclosure form and truthfully answer all questions below.

Please circle YES or NO to answer each question. If you answer YES to any of the items, please explain in the area provided, indicating the charge or finding, the date and the court(s) involved. If you need more room, please continue your answers on the back or attach a separate sheet.

1. Have you ever been convicted of a crime (exclude civil infractions such as minor traffic citations)?  
Answer: NO YES If yes, please explain:

2. Do you currently have any outstanding criminal charges or warrants of arrest pending against you in any state, province, territory and/or country?  
Answer: NO YES If yes, please explain:

3. Are you presently under investigation in any state, province, territory and/or country for possible criminal charges?  
Answer: NO YES If yes, please explain:

4. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any person?  
Answer: NO YES If yes, please explain:

5. Have you ever been found in any dependency or domestic relation matter to have physically abused any person?  
Answer: NO YES If yes, please explain:

**WSP / Volunteer Office use ONLY**

I have read the information contained in this application. Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I authorize Renton School District #403 to conduct a background check and to obtain any and all information needed to process my volunteer application. I further authorize any person contacted by the Renton School District to provide information to the Renton School District about my volunteer application. I understand that information from others will not be made available to me. I hereby release and hold harmless Renton School District #403 and all references from any and all liability in obtaining or disclosing such information about my background. I understand that the District may, at its discretion, exclude me from volunteering for any reason, including any misleading or incomplete statements on this application. Failure to answer any questions truthfully will automatically disqualify you from volunteer opportunities with Renton School District.

*Valid Two Years from Date of Issue*

\_\_\_\_\_  
Signature of Applicant Date