PACE ACADEMY

Volunteer Application Instructions
2017-2018

Thank you for your willingness to volunteer in Academy. To ensure the
safety of our students and staff, you MUST complete this application and be APPROVED by the Admin Office
BEFORE you can begin your volunteer assignment. Here is some information on how to complete the
volunteer application packet:

1. Volunteer Application

2. Provide a Copy of Driver's License
Attach one copy of your current driver's license, or other photo identification that includes your
legal name and date of birth. This helps to verify identity during the background check.
Thank you for your interest in volunteering in PACE Academy!

_____

PACE ACADEMY

Volunteer Application   Today's Date _____/_____/

Application Information

Office Use Only   ID#

☐Approved   ☐   Denied   ☐Restricted

_____   _____
Signature   Date

☐   New application   ☐   Renewal
I am a: ☐   Parent/Guardian   ☐   Relative   ☐   Community member

Personal Information

☐   Male   ☐   Female

Full legal name_____   _____   _____
                                    first   middle   last

Maiden name(s)/Nicknames/Aliases

Date of Birth ____/____/_____   *Birthplace (state OR country if outside U.S.)*_____

Address
_____

City_____ST_____ ZIP

Email _____

Phone # _____

Languages spoken (besides English)

Employer _____

Emergency Contact Information

Name _____

Phone #_____

Volunteer Interests and Activities

Plan to volunteer: ☐   Regularly ☐   Once in a while

Volunteer activities (ex: Field trip chaperone, math help, tutoring, etc.) _____

If you are a community member, do you have an existing connection with the PACE Academy
☐   Yes ☐   No ☐   N/A   If yes, what is the connection?

Do you require any accommodations? ☐   Yes ☐   No
If yes, what is the accommodation?

Please attach one copy of your driver's license or other valid photo ID.

Volunteer Application – Disclosure Form

Please answer the following questions honestly and completely and sign the declaration on the following page. Attach a separate sheet if additional space is needed.

The Washington State Legislature has helped us to assure security for students by allowing background checks on all people who work with students in schools. PACE ACADEMY supports this requirement; thus all volunteers must complete this form and undergo a Washington State Patrol Criminal Background Check.

Any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as a volunteer. PACE ACADEMY reserves the right to reject any applicant for any legitimate, nondiscriminatory reason. Decisions about volunteer approval status are made on a case by case basis. **NOTE:** Criminal convictions <u>DO NOT</u> necessarily restrict you from volunteering.

1) Have you ever been convicted of a crime? You must include all past or current criminal convictions.

No   Yes

If "yes," please identify the crime(s), provide the date(s) of the conviction(s), the name of the court(s), (e.g., King County Superior Court) and the sentence(s) imposed.

2) Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation of a child in any legal proceeding? These proceedings include judicial or administrative proceedings as well as findings by Department of Social and Health Services (DSHS) or the Department of Health that you have not challenged or appealed.

No   Yes

If "yes", please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty(ies) imposed.

3) Do you currently have any criminal charges pending against you? Are you presently under investigation for possible criminal charges?

No   Yes

If "yes," please provide pertinent details to enable PACE ACADEMY to evaluate, including the charge(s), date(s), jurisdiction(s) and status.

4) Other than any matter listed on the previous page (page 2 of 3), are there any facts or circumstances involving you and your background that would call into question the district entrusting you with the supervision, guidance and care of its students?

No   Yes

If "yes," please explain.

Disclosure Statement:
I hereby authorize and consent to PACE ACADEMY, its agents and employees, to inquire into and undertake whatever background check of me that PACE ACADEMY, in its sole discretion, deems appropriate to determine my fitness to serve as a volunteer. I understand the inquiry may include computer database searches, criminal history checks (including a Washington State Patrol Request for Criminal History Information Child/Adult Abuse Information Act RCW 43.43.830 through 43.43.845 – WATCH report), interviews with people acquainted with me, employers or references. I understand the information will be kept confidential to the extent permitted by law, but that PACE ACADEMY, as a public entity, is subject to the State Public Records Act, RCW 42.56 et seq and the exemptions provided there under, as amended. I release and hold harmless PACE ACADEMY District, its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that if PACE ACADEMY determines, in its sole discretion, that I have provided false or incomplete information in response to the above questions, or the District decides, with or without cause, not to approve or retain me as a volunteer for whatever reason, PACE ACADEMY may, without notice or other process, reject my application to serve as a volunteer, or revoke my privilege to serve as a volunteer.

Pursuant to RCW 9A.72.085, I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

All information in this application is accurate to the best of my knowledge. As a condition of being permitted to volunteer for PACE ACADEMY, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from my volunteer activities. I hereby agree to waive any and all claims arising out of any such injury or damage.

Date _____/_____/

Applicant Signature (or parent/guardian if under 18)

_____

Printed Name _____

_____
City and State Where Signed