

Ingrid Colvard, Superintendent | PO 80x 850 | Stevenson, WA 98648 | PH 509.427.5674 | FAX 509.427.4028 | www.scsd303.org

Stevensor	n-Carso	n Schoo	l District	Volunt	teer Ag	greement
Name:		S	itudent:			
Phone Number:		F	Relationship:			
Date:		Teacher	(elementary only	·):		
Please shade in the	e days and time	s you may be av	<i>v</i> ailable to volunt	eer.		
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00-9:00 am						
9:00-10:00 am						
10:00-11:00 am						
11:00-12:00 pm						
12:00-1:00 pm						
1:00-2:00 pm						
2:00-3:00 pm						
3:00-4:00 pm						
Evening events						
Do you have a pref	ference of scho	ols where you v	vould prefer to v	olunteer?		
	unteer respons School District being on time. h children.	ibilities below a volunteer. By s I also understar	and understand v signing below, I a	vhat is neede cknowledge t to pass a Was	he importand shington Stat	n becoming a ce of confidentiality, e background check
Confidentiality: Volu	inteers are evne	cted to follow pro	ofessional ethics V	Inluntaars shou	ıld not discuss	students staff
members, or volunto students learning. If	eers. Please be re	espectful of the e	fforts at Stevensor	n-Carson Schoo		
Dependability: Our your scheduled day,		•			rs. If you are ι	unable to volunteer on
Punctuality: Please s schedules are set fo		r any volunteer a	ctivity on which yo	ou agree to wo	rk. The school	day and classroom
Please fill out the W Vaccination Card. V						copy of your COVID
Print Name		Sign	ature	d	Date	
Date Approved			Administrati	ve Signature _.	(4)	

WASHINGTON STATE PATROL

Identification and Criminal History Section PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

REQUESTING AGENCY/ADDRESS	B PURPOSE			
Stevenson-Carson School Dist	Check appropriate box			
Agency				
Attu	Educational School District (ESD)/School District Volunteer – no fee			
PO Box 850/350 Bulldog Drive				
Address	Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)			
Stevenson, WA 98648				
City/State/Zip	Profit Business/Organization - \$35			
I certify this request is made pursuant to and for the purpose indicated.	Adoptive Parent - \$35			
r certify this request is made pursuant to and for the purpose indicated.	Fees: Make payable to Washington State Patrol by check,			
	money order, or business account.			
Authorized Signature Date	-			
Authorized Signature Date				
Title Area Code/Phone Number	Notary letters contifuing the regults are exclicited			
And South Holle Humber	Notary letters certifying the results are available upon request. There is an additional \$5.00			
,	processing fee per notary seal.			
	Notarized Letter(s)			
APPLICANT OF INQUIRY (Please provide as much in	formation as possible; name and date of birth are mandatory.)			
Applicant's Name: Last F	rirst Middle			
Last	irst Middle			
Last F Alias/Maiden Name(s):				
Last F Alias/Maiden Name(s):				
Last				
Last F	Race:			
Last F Alias/Maiden Name(s):	Race: /			
Last F	Race: /			
Last F Alias/Maiden Name(s): Date of Birth: Month/Day/Year Social Security Number: Secondary dissemination of this criminal history record informs	Race:			
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