NESPELEM SCHOOL DISTRICT

VOLUNTEER APPLICATION

NAME: _____ DATE _____

ADDRESS: _____ PHONE _____

SOCIAL SECURITY # _____

YOUR STUDENTS NAME: _____ TEACHER: _____

**AREAS & SUBJECTS THAT YOU WOULD LIKE TO VOLUNTEER & GRADE LEVEL:**

READING ___ MATH ___ SCIENCE ___ HISTORY ___

RECESS ___ CULTURE ___ FIELDTRIPS ___ OTHER _____

DAYS/HOURS AVAILIBLE:

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY |
|---|---|---|---|
| _____ | _____ | _____ | _____ |

**IS THIS VOLUNTEER WORK PART OF THE TESVP PROGRAM? YES NO**

HIGHEST GRADE COMPLETED: _____ _____

GRADE/DEGREE DATE

**REFERENCES: TWO REQUIRED & PHONE NUMBER:**

_____

_____

I AUTHORIZE THE NESPELEM SCHOOL DISTRICT TO RUN ANY BACKGROUND CHECK, INCLUDING FINGERPRINTING IF REQUIRED, PRIOR TO MY VOLUNTEERING.

_____ _____

SIGNATURE DATE

# Nespelem School District #14

Colville Tribal Criminal History & Background Inquiry

| NAME OF PERSON BEING CLEARED (PRINT CLEARLY) |
|---|
| |

**SECTION 1**

NAME AND ADDRESS OF CCT – STAFF WHO WILL CONDUCT BACKGROUND CHECK

**Colville Confederated Tribes**
ATTN: CCT Police Department
P.O. Box 617
Nespelem, WA 99155-0150

**Nespelem School District #14**
**PO Box 291**
**Nespelem, WA 99155**

**SECTION 2: TO BE COMPLETED BY APPLICANT**

NAME OF FACILITY: Nespelem School District #14

| NAME: LAST FIRST MIDDLE | ALIAS/MAIDEN NAME: LAST FIRST MIDDLE |
|---|---|
| PRESENT ADDRESS: STREET CITY STATE ZIP | DRIVER'S LICENSE NUMBER (WDL) |

| SEX | DATE OF BIRTH | SOCIAL SECURITY NUMBER |
|---|---|---|
| | | |

**SECTION 3: APPROVAL BY (DEPARTMENT USE ONLY)**

**As an authorized representative of the Nespelem School Dist., I request a background inquiry be conducted on the person named in section 2**

| Signature: | Date |
|---|---|
| | |

**SECTION 4: TO BE COMPLETED BY APPLICANT**

| HAVE YOU: | YES | NO |
|---|---|---|
| BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY? | ☐ | ☐ |
| IS THERE A CRIMINAL CHARGE (CURRENT OR PAST) PENDING AGAINST YOU WHICH BEARS UPON YOUR FITNESS TO PERFORM THE FUNCTION OF THE JOB? | ☐ | ☐ |
| BEEN RELEASED FROM PRISON IN THE LAST SEVEN (7) YEARS? | ☐ | ☐ |
| HAD YOUR NAME PLACED ON A REGISTRY OF CHILD/ADULT ABUSE IN THIS OR ANY STATE? | ☐ | ☐ |
| BEEN FOUND TO HAVE SEXUALLY ABUSED OR EXPLOITED OR PHYSICALLY, EMOTIONALLY, MENTALLY ABUSED ANY CHILD? | ☐ | ☐ |
| BEEN DENIED A LICENSE TO CARE FOR CHILDREN? | ☐ | ☐ |
| HAD A LICENSE TO CARE FOR CHILDREN SUSPENDED OR REVOKED? | ☐ | ☐ |
| RESIDED OUTSIDE THE STATE OF WASHINGTON WITHIN THE PAST FIVE (5) YEARS? | ☐ | ☐ |
| BEEN AN EMPLOYEE OF ANY OTHER TRIBAL INDIAN RESERVATION WITHIN THE PAST FIVE (5) YEARS? | ☐ | ☐ |

I HEREBY CERTIFIY THAT TO MY KNOWLEDGE THE ABOVE INFORMATION AND REQUIRED ATTACHMENTS ARE TRUE AND CORRECT. I UNDERSTAND FRAUD OR UNTRUTHFUL ANSWERS TO ANY OF THESE QUESTIONS CAN SERVE AS THE BASIS FOR FINDING ME UNSUITABLE.

| SIGNATURE OF PERSON TO BE CLEARED | DATE |
|---|---|
| | |

# 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

### A REQUESTING AGENCY/ADDRESS

Nespelem School District
Agency

Linda Descoteaux
Attn

229 Schoolhouse Loop Road
Address

Nespelem, WA 99155
City/State/Zip

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

Authorized Signature Date

District Administration ( 509 ) 634-4541
Title Area Code/Phone Number

### B PURPOSE

**Check appropriate box**

- [x] Educational School District (ESD)/School District Volunteer – no fee
- [x] Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)
- [ ] Profit Business/Organization - $17
- [ ] Adoptive Parent - $17
- [ ] Receive background results electronically

Email address _____

Password _____ (must be at least 8 characters)

**Fees:** Make payable to **Washington State Patrol** by check, money order, or business account.

**Notary letters certifying the results are available upon request. There is an additional $10.00 processing fee per notary seal.**

_____ **Notarized Letter(s)**

### C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

**Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.**

### D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip