



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

*Must be completed for each individual volunteer

REQUESTING SCHOOL: Ashé Preparatory Academy LOCATION: _____
ex. Teacher's Name, Athletic Sport

STUDENT NAME: _____

VOLUNTEER APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

NAME: _____
Last First Middle

LIST ALL ALIASES / MAIDEN NAME: _____ RACE: _____

DATE OF BIRTH: ____ / ____ / ____ GENDER: M / F DRIVER'S LICENSE / STATE ISSUED ID #: _____
Month Day Year

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 Ashé Preparatory Academy 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 Ashé Preparatory Academy to provide information to the Ashé Preparatory Academy about my volunteer application. I understand that information from others will not be made available to me. I hereby release and hold harmless Ashé Preparatory Academy and all references from any and all liability in obtaining or disclosing such information about my background. I understand that the School 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 Ashé Preparatory Academy.

Valid Two Years from Date of Issue

Signature of Applicant Date