Volunteer and/or Contractor
Release/Hold Harmless Agreement

Volunteer/Contractor Name

Volunteer /Contractor Phone Number

School Name

This agreement includes all Issaquah School District activities I choose to participate in
during the current School Year ______________________ (example: 2009-2010)

Location of activity

(If form is for various ongoing activities -use the name of the school the activity is associated with.)

The undersigned desires to participate as a volunteer and/or contractor for events and/or
activities during the time period named above.

I ACKNOWLEDGE the Issaquah School District will make every attempt to insure my safety
while participating in the volunteer and/or contractor event/activity, but there are certain inherent
risks involved that may be unavoidable resulting in bodily injury or property damage to myself
or others.

I further acknowledge the Issaquah School District does not provide any accidental medical
insurance coverage for the activity and that I assume all risks of injury or damage to my person
or property. I agree to hold and save harmless the Issaquah School District, its School Board and
Employees, and assigns for any claims, suits or damages (including but not limited to defense
and indemnification) which might result from my participating in the above-described
event/activity.

Signed ___________________________ Date ________________

(If under 18 years of age, parent’s signature is required below)

Signature of Parent/Guardian ___________________________ Date ________________

(If applicable)

Adopted: 8/20/09
Revised: 11/5/09

Issaquah School District

Issaquah, Washington
Volunteer Checklist/Agreement

The district recognizes the valuable contribution made to the total school program through the volunteer assistance of parents and other citizens. We thank you for your assistance and support. To safeguard students and student records it is necessary that all volunteers be screened and trained regarding their involvement with students and school activities. Staff and volunteers should allow a minimum of forty-eight (48) hours after all forms have been completed and submitted for a volunteer applicant to receive clearance to begin serving as a volunteer. We thank you for your understanding of the need for these safeguards. Please read and check each of the statements below.

☐ Complete the Issaquah School District Volunteer Request for Background Information form (please see reverse side of this form).

☐ Complete the Washington State Patrol Request for Criminal History Information form (Sections C and D) and return to the school secretary. This form is good for one year. If you have completed this form for another school or group, you may provide us with a copy for our file.

Your signature below indicates your agreement to abide by all of the following expectations and that you have completed the above forms prior to providing volunteer services.

Role and Expectations

☐ Volunteers serve as helpers. I understand that all volunteer activities are to be conducted under the supervision of district staff, and that all instructional service is to be rendered under the control and supervision of certificated staff.

☐ Staff members will determine and notify volunteers if any specific training or direction is required before assisting with an activity. I will confirm assigned responsibilities and expectations with the supervising staff member before beginning any activity.

☐ Student problems which arise, whether of an instructional, medical, behavioral or operational nature shall be referred to a regular staff member for final resolution.

☐ I will follow the building’s procedures for signing in and out each and every time I volunteer at the school.

☐ I will wear an identification badge/tag/pin as required by the school.

☐ I understand that I am required to follow all district policies and procedures. I understand that failure to follow district policy and procedures, or any part of this Agreement, may result in my volunteer status being revoked and could in some cases subject me to legal liability.

☐ I understand that I cannot proselytize, invite students to events, or ask for students’ contact information.

Use of District Technology

☐ I will not use computer systems, logins, or accounts that have been assigned to someone else. If authorized to use a district computer I will sign and abide by the district technology User Agreement.

Confidentiality

☐ I understand that volunteers shall not discuss the performance, actions, or any other information about any student except with the student’s teacher, school counselor or principal. This is not only district policy but is also mandated by federal statute, The Family Educational Rights and Privacy Act, 34 CFR Part 99. I understand that confidentiality pertains to both written records and verbal statements.

Name of Volunteer – Please Print

Signature of Volunteer

Date

Children’s Names - if Current ISD Students

Adopted: 01/00
Formerly: Form 2320F8
Issaquah School District

Last Revised: 04/16/2013
Page 1 of 1
ISSAQUAH SCHOOL DISTRICT
VOLUNTEERS REQUEST FOR BACKGROUND INFORMATION
Disclosure form pursuant to RCW 43.43.830  Form 5630F2B

All volunteers who are interested in working with children must complete the disclosure form in its entirety.

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in Section 43.43 RCW and listed as follows: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent; or any of these crimes as they may be renamed in the future?

Answer: ____________________________  If YES, explain: __________________________________________________________________________________________

2. Have you ever been found in any dependency action under RCW 13.34.030 to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer: ____________________________  If YES, explain: __________________________________________________________________________________________

3. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

Answer: ____________________________  If YES, explain: __________________________________________________________________________________________

4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

Answer: ____________________________  If YES, explain: __________________________________________________________________________________________

I have read the information contained herein and 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 the Issaquah School District to make such investigations and inquiries as may be necessary in arriving at a decision regarding my volunteer status. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my volunteer agreement. In the event of volunteering, I understand that false or misleading information given in my agreement may result in termination of my volunteer status.

Volunteer's Signature ____________________________ Date ____________________________

Adopted: 01/00 Issaquah School District Last Revised: 9/23/09
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)

A
REQUESTING AGENCY/ADDRESS

Clark Elementary School

Agency: Dr. Tod Wood, Principal

Attn: 500 2nd Ave SE

Address: Issaquah, WA 98027

City/State/Zip

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

Authorized Signature

Date 2014-2015

Principal Title 425 837.6300 Area Code/Phone Number

B
PURPOSE
Check appropriate box

☒ Educational School District (ESD)/School District Volunteer – no fee
☐ Non-Profit Business/Organization – no fee
(Excluding Schools & ESD’s)
☐ Profit Business/Organization - $17
☐ Adoptive Parent - $17
☐ Receive 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 $5.00 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: ___________________________ Month/Day/Year: ___________________________ Sex: ___________________________ Race: ___________________________

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

WSP Use Only

Applicant Right Thumb Print (Optional)

3000-240-430 (R 7/09)