

**TOLEDO SCHOOL DISTRICT #237**

**PO Box 469**

**Toledo, WA 98596**

**360-864-6325**

**VOLUNTEER APPLICATION**

**\*Applications must be completed every 2 years**

LEGAL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

I would like to volunteer at the following school(s):

TES\_\_ TMS\_\_ THS\_\_

I am interested in volunteering:

\_\_\_ To work with students \_\_\_\_\_ To do clerical for teacher/staff

\_\_\_ To help with special events \_\_\_\_\_ To help where needed

\_\_\_ TMS Sports Volunteer \_\_\_\_\_ THS Sports Volunteer

List Sport(s): \_\_\_\_\_ List Sport(s): \_\_\_\_\_

**\*All chaperones must complete a volunteer application.**

My special interests, hobbies and skills are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Best days to volunteer:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

AM (Specify hours) \_\_\_\_\_ PM (specify hours) \_\_\_\_\_ After School (specify hours) \_\_\_\_\_

Do you have any children attending Toledo Schools? Yes\_\_ No\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

Do you have any physical limitations? \_\_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Emergency contact should the volunteer become ill or injured:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

***Toledo School District prohibits tobacco use on the district property.***

Toledo School District does not discriminate in any program or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination: Title IX Coordinator, Section 504/ADA Coordinator, Civil Rights Compliance Coordinator, Chris Rust PO Box 469 Toledo, WA 98591, 360-864-6325, crust@toledoschools.us.

APPLICANT DISCLOSURE FROM PURSUANT TO CHAPTER 486, LAWS OF 1987  
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 1 of Chapter 486, Laws of 1987 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 Rape; First, Second, Third Degree Statutory Rape; 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 Degree Criminal Mistreatment?

ANSWER\_\_\_\_\_ IF YES, EXPLAIN BELOW:

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

ANSWER\_\_\_\_\_ IF YES, EXPLAIN BELOW:

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

ANSWER\_\_\_\_\_ IF YES, EXPLAIN BELOW:

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

ANSWER\_\_\_\_\_ IF YES, EXPLAIN BELOW:

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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.

*By signing below, as consideration for processing my application to be a Toledo School District volunteer, I acknowledge, understand and agree that the school district will:*

- 1. Request a criminal background check on me at their expense.*
- 2. Notify me within ten days of the criminal history response and provide a copy upon request.*
- 3. Use the content of that response only in making its initial decision regarding my application to be a volunteer.*

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_