ROCHESTER SCHOOL DISTRICT NO. 401
VOLUNTEER APPLICATION FORM

Name:_____
Last First Middle

Home Address:_____

Email Address:_____ **Male/Female:** _____

Telephone:_____ **Date of Birth:** _____

Alias Name(s): _____

Name of Student: _____

Student's Teacher: _____

----------Request for Criminal Background Check----------

Child/Adult Abuse Information Act, RCW 43.43.830 – 43.43.845. This section must be filled out prior to volunteering in the Rochester School District.

Verification of my information has been provided through (check one below):

_____ Identification Attached (Driver's License, Military ID, etc.)*

_____ Copy of Picture of My Identification was Emailed to: _____

_____ I Brought My Identification to the School for On-Site Verification

I give the Rochester School District permission to conduct a background check.

Signature: _____ Date: _____

**Photocopies of identification provided to the school will be shredded after it is reviewed.*

FOR SCHOOL USE ONLY

DATE RECEIVED _____ DATE CHECKED _____ REVIEWED BY _____

STATUS OF CHECK _____

WSP Y/N _____ COPY OF ID SHREDDED BY _____ ON_____

Rochester School District does not discriminate in any programs 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, the use of a trained guide dog or service animal, or any other basis prohibited by law. We also provide equal access to the Boy Scouts and other designated youth groups.