



School Volunteer Application

Applicant's Last Name _____

School Name _____

Approved Not approved for cause

Initials _____ Date _____

To ensure safety for students and staff, adults that want to volunteer in Clover Park School District schools/ functions, must first pass a criminal history background check. Please complete and submit this form in person, along with your valid driver's license or state issued ID card to your school office representative. This process is mandatory prior to volunteering in the school district. You may decline to submit this form, but will not be allowed to volunteer at district schools/functions. You will be notified by school staff upon your approval/decline as a school volunteer.

Volunteer Applicant *Please print and complete all areas*

Student(s) Name _____

Applicant Name _____
First Middle Last

Alias/Other/Maiden Name _____

Date of Birth ____/____/____ Place of Birth _____
Month Day Year City State Country

Contact Phone # _____ Email _____

All information provided above is true and accurate: _____

Volunteer Applicant's Signature

Sex	Race	Hair Color	Eye Color	Height	Weight
<input type="checkbox"/> F <input type="checkbox"/> M					

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

Copy of Driver's License or
State issued ID card
HERE

Designated School Official: I visually confirmed that all information listed on this form corresponds to the applicant's state/federal issued photo ID.
Print Name _____
Signature _____
Today's Date _____