

Rochester School District #401

Volunteer Registration Form

Name: _____

Last

First

Middle

Home Address: _____

Email Address: _____ Male/Female: _____

Telephone: _____ Your Birth Date: (mm/dd/yyyy) _____

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 completely filled out prior to volunteering in Rochester School District. There is no cost to the volunteer to request for background check.

Verification of my information has been provided through (Check the option of your choice from the list below.)

_____ Identification attached (driver's license, military ID, etc.).*

_____ Copy or picture of my identification was emailed to _____

_____ I have 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 being inspected.

-- Office Use Only --

Date Rec'd _____ 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, or the use of 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 should be directed to: Title IX Officer, William Maus, Principal (360) 273-5958 or by mail to 9937 Hwy 12 SW, Rochester, WA 98579