



Facility Use Agreement - Staff and Authorized Third Parties

Wahkiakum School District staff and authorized third parties are permitted to use Verkada Technology to gain access to Wahkiakum High School, John Thomas Middle School and JA Wendt Elementary School. This agreement allows the user to have the electronic key installed on the recipient's cell phone thus permitting access to the district facilities. Approval of facility access will be granted by the School District Superintendent upon completion of a background check.

EMPLOYEES: District employees are permitted to use the facilities using their electronic access key. Under no circumstances is this key to be shared or used by anyone other than the person and the electronic device it has been issued for. If an employee chooses to use facilities after hours, it is that employee's responsibility to oversee and supervise the activity. Failure to comply with proper usage will result in loss of access and possible disciplinary action.

VOLUNTEERS: Volunteers and community members who are working with our students can also be granted access and are expected to follow all rules that pertain to employees. Volunteer access will be granted for specific times as determined for the activity. Under no circumstances is this key to be shared or used by anyone other than the person and the electronic device it has been issued for. Failure to comply with proper usage will result in loss of access and possible disciplinary action.

Non-District personnel will also be considered for access at the High School Gym and Weight Room during non-school hours. The Grade School Multipurpose Room will be considered for authorized entry during non-school hours and sponsor supervision. And, the Middle School Gym will be accessible under its respective entry point during non-school hours. Community members are expected to follow all rules that pertain to employees. A \$200 refundable deposit and a background check will be required prior to usage of each facility. The deposit will be refunded in full unless a violation of building usage has occurred, which could result in loss of access and forfeiture of the deposit.

The following acknowledgements are required (please initial):

_____ Access is only granted to the recipient named on this agreement

_____ Doors will not be propped, wedged, blocked or left open at any time;

_____ Lights will be turned off

_____ Spaces will be left clean and usable for students—absolutely no trash will be left

_____ Non-District personnel are not permitted to bring guests to the facilities

_____ Any violation of these terms or any facility misconduct/misuse will result in loss of access and forfeiture of deposit.

Printed Name: _____

Phone: _____

Signature: _____

Amount Deposit

Received/Date _____

Staff Signature for receipt of refundable deposit: _____

Superintendent Signature _____

Gym Rules

Please make sure that you share the Gym Rules with your Coaches, Parents and Players. We ask that you respect and care for the facility that you are in by making sure you follow the listed guidelines.

1. Please make sure children are supervised at all times.
2. Please do not wander the building before or after practice. (Adults/Children)
3. Please do not let children hangout in the bathrooms.
4. Children who are present and not part of the team must be accompanied by an adult at all times.
5. NO Food or Drinks are allowed in the Gyms (WATER ONLY).
6. NO cleats (Tennis Shoes Only).
7. NO Pitching Machines or Catching Gear.
8. NO Hardballs
9. Return the facility to the condition it was in once you are completed with it.
10. Do NOT erase classroom material off the whiteboards.
11. Sweep gym floors and wipe up any spills (if needed locate a custodian).
12. THROW AWAY YOUR TRASH.

Any violation of these rules may result in your team losing their right to have access to the facilities. We appreciate your cooperation and ask that you report any concerns to Superintendent, Ric Palmer via email at RPalmer@wahksd.k12.wa.us

Signature _____ Date _____

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)

<p>A REQUESTING AGENCY/ADDRESS</p> <p>Wahkiakum School District</p> <p>Agency</p> <p>Ric Palmer</p> <p>Attn</p> <p>500 S 3rd St/ PO Box 398</p> <p>Address</p> <p>Cathlamet WA 98612</p> <p>City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p><i>Ric Palmer</i></p> <p>Authorized Signature Date</p> <p>Superintendent (360) 795-3971</p> <p>Title Area Code/Phone Number</p>	<p>B PURPOSE</p> <p>Check appropriate box</p> <p><input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer - no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
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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: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____
(optional)

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

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Wahkiakum School District

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip Phone

Applicant Right Thumb Print (Optional)