



# WAHKIAKUM SCHOOL DISTRICT

500 S 3rd St., B398  
Cathlamet, WA 98612

To All Prospective Volunteers-

In an increased effort to ensure student safety, we are asking all prospective volunteers to complete the two attached forms and return them to your respective school office. We will also need a copy of your driver's license to verify the information provided.

The first form is the Volunteer Disclosure Statement and is self-explanatory. The second is the Request for Criminal History Information. You simply need to fill out Sections C and D in full, making certain to sign your name in the designated space in Section D.

Both forms, a copy of your driver's license and the results of the State Patrol background check will be kept in a confidential file in the district office. Your understanding of the need for such information during this day and age is appreciated. Please allow one week to process and certify.

We are certainly grateful for your willingness to assist us as we educate our youth. Your willingness to serve is a great asset to our district and community.

Sincerely,

Dr. Ralph Watkins  
Superintendent

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**Stephanie Leitz, Principal**  
Wahkiakum High School  
360.795.3271  
Fax: 360.795.0545

**Ralph Watkins, Superintendent**  
Sue Ellyson, Business Manager  
360.795.3971  
Fax: 360.795.0545

**Nikki Reese, Principal**  
Julius A. Wendt Elementary School  
John C. Thomas Middle School  
360.795.3261 Fax: 360.795.3205

## WAHKIAKUM SCHOOL DISTRICT #200 EMPLOYMENT DISCLOSURE STATEMENT

**ALL APPLICANTS WHO WILL OR MAY HAVE UNSUPERVISED ACCESS TO CHILDREN UNDER SIXTEEN YEARS OF AGE DURING THE COURSE OF HIS OR HER EMPLOYMENT OR INVOLVEMENT WITH THIS AGENCY:**

Have you ever been convicted of any misdemeanor, gross misdemeanor or felony crimes against children or other persons (including instances in which a plea of guilty or nolo contendere is the basis for the conviction) or any proceedings in which the charge has been deferred from prosecution under Chapter 10.05 RCW or the sentence has been deferred or suspended, as defined in RCW 43.43.830(5), RCW 9A32, 9A36, 9A42 and 9A44 and listed as follows:

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated murder	<input type="checkbox"/>	<input type="checkbox"/>	First degree promoting prostitution
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree murder	<input type="checkbox"/>	<input type="checkbox"/>	Communication with a minor
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	First degree arson
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree assault	<input type="checkbox"/>	<input type="checkbox"/>	First degree burglary
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree rape	<input type="checkbox"/>	<input type="checkbox"/>	Indecent liberties
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third statutory rape	<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	Felony indecent exposure	<input type="checkbox"/>	<input type="checkbox"/>	Vehicular homicide
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree robbery	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Simple assault
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation of minors
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree criminal mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	Child abuse or neglect as defined in RCW 26.44.020	<input type="checkbox"/>	<input type="checkbox"/>	Malicious harassment
<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic material to a minor	<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third degree child molestation
<input type="checkbox"/>	<input type="checkbox"/>	Custodial assault	<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree sexual misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a juvenile prostitute
<input type="checkbox"/>	<input type="checkbox"/>	Promoting pornography	<input type="checkbox"/>	<input type="checkbox"/>	Violation of child abuse restraining order
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree assault of a child	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	Child abandonment	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been named

- Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor? **YES ( ) NO ( )**
- Have you ever been found in a court in a domestic relations proceeding to have physically abused or exploited any minor or to have physically abused any minor? **YES ( ) NO ( )**
- Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person? **YES ( ) NO ( )**
- Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital? **YES ( ) NO ( )**
- Have you, within the last ten (10) years, been convicted of any felony other than those crimes described above? **YES ( ) NO ( )**

## 2

YES NO

( )	( )	Homicide by abuse
( )	( )	First or second degree reckless endangerment

YES NO

- ( ) ( ) Promoting a suicide attempt
- ( ) ( ) Withdrawal of life support systems
- ( ) ( ) Coercion

1. Have you been convicted of any crime involving the use, sale, possession or transportation of any controlled substance or prescription drug within the last seven years: Provided that in the case of felony convictions, the applicable time limit shall be ten (10) years? **YES ( ) NO ( )**
2. Have you been convicted of any crime involving driving when a driver's license is suspended or revoked, hit and run driving, driving while intoxicated, being in physical control of a motor vehicle while intoxicated, reckless driving, negligent driving of a serious nature, vehicular assault or vehicular homicide, within the last three (3) years? **YES ( ) NO ( )**
3. Have you intentionally and knowingly transported public school students within the state of Washington within the previous five (5) years, with an expired, lapsed, surrendered, or revoked authorization in a position for which authorization is required? **YES ( ) NO ( )**
4. Do you have a serious behavioral problem which endangers the educational welfare or personal safety of students, teachers, bus drivers, or other colleagues? A serious behavioral problem includes, but is not limited to, conduct which indicates unfitness to carry out the responsibilities related to the occupation or job performance of transporting children, such as: dishonesty; immorality, or misuse of alcohol, a controlled substance, or a prescription drug; or furnishing alcohol or controlled substances to a minor or student? **YES ( ) NO ( )**
5. Have you had your driving license privilege suspended or revoked within the proceeding three (3) years? **YES ( ) NO ( )**
6. Have you incurred three or more speeding tickets in excess of ten miles per hour over the speed limit within any twelve-month (12) period, within the last thirty-six (36) months? **YES ( ) NO ( )**
7. Have you misrepresented or concealed a material fact in obtaining a Type 1 or Type 2 authorization or in reinstatement thereof in the previous five (5) years? **YES ( ) NO ( )**

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) or fine the sentence(s) and/or penalty(ies) imposed. If the conviction has been the subject of an expungement, pardon, annulment, or certificate of rehabilitation, please so specify (attach additional sheets if necessary).

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am hired, I can be discharged for any misrepresentations or omission in the above statement. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signature \_\_\_\_\_ Name (print) \_\_\_\_\_

Date \_\_\_\_\_

# WASHINGTON STATE PATROL

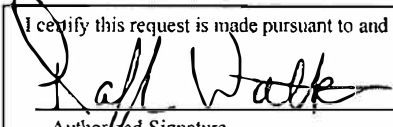
Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633



## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT

RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

<p><b>(A) REQUESTING AGENCY/ADDRESS</b></p> <p><u>Wahkiakum School District</u></p> <p>Agency</p> <p><u>Dr. Ralph Watkins</u></p> <p>Attn</p> <p><u>500 S 3rd St / PO Box 398</u></p> <p>Address</p> <p><u>Cathlamet WA 98612</u></p> <p>City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated</p> <p></p> <p>Authorized Signature</p> <p><u>Superintendent</u></p> <p>Title</p> <p>Date</p> <p><u>( 360 ) 795-3971</u></p> <p>Area Code/Phone Number</p>	<p><b>(B) PURPOSE</b></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 &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p><b>Fees:</b> 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.

<p><b>(D) WASHINGTON STATE PATROL IDENTIFICATION &amp; CRIMINAL HISTORY SECTION</b></p>	
<p>As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.</p> <p><u>Wahkiakum School District</u></p> <p>Requesting Agency</p> <p>____</p> <p>Applicant's Signature</p> <p>____</p> <p>Applicant's Name</p> <p>____</p> <p>Address</p> <p>____</p> <p>City/State/Zip</p> <p>____</p> <p>Phone</p> <p>____</p>	<p>WSP Use Only</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin: 10px 0;"></div> <p>Applicant Right Thumb Print (Optional)</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin: 10px 0;"></div>