



Background Check Form

This form must be completed before coaches, vendors, volunteers or parent volunteers work with our schools. A copy of positive photo identification must be **attached** (driver's license, passport, etc.). The following information must be completed prior to a final agreement for employment or volunteer work at the Vashon Island School District. Please respond and sign the acknowledgement below that a **Washington State Patrol Background Inquiry** will be made.

Please PRINT your name: _____
First Middle Last

Other name(s) (include maiden names, nicknames, etc.) _____

Date of birth (in the form **mm/dd/yyyy**): _____ Email: _____

Your home address: _____

Your home phone: _____ Cell phone: _____

Class or Activity: _____ School(s) _____

Please answer the following questions. If you check "yes" to any questions, please explain through attachment.

HAVE YOU BEEN:

- 1. Convicted of any crime against children or other persons? No Yes
- 2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult? No Yes
- 3. Convicted of crimes related to drugs as defined in RCW 43.43.830? No Yes
- 4. Found in any dependency action under RCW 13.13.040 to have sexually assaulted or exploited any minor or to have physically abused any minor? No Yes
- 5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? No Yes
- 6. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult? No Yes
- 7. Found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult? No Yes

I swear, under penalty of perjury, that the information I have provided herein is true and complete. Further, I authorize Vashon Island School District authorities to make a Washington State Patrol Background Check every two years that I am associated with the Vashon Island School District.

Signed: _____ Date: _____

(check one) Coach Vendor Volunteer Parent _____
Student's Name

Will this person have unsupervised access to children under 16 years of age? No Yes
WATCH WATCH+Fingerprints

Signed: _____ Date: _____ Principal/Administrator/Designee: _____



Confidentiality and Ethics

The issues of confidentiality and ethics are extremely important when working with students and staff in the Vashon Island School District.

Any person who may have access to confidential student or employee information must commit to ensuring that all such information remains strictly confidential. It is our obligation to protect the rights of children and adults within our District; therefore, any information which may be deemed to be personal or confidential which is observed, reviewed, typed, filed or obtained in any manner while under the direction of the district must be kept in the strictest confidence unless otherwise directed by an administrator.

Please indicate your understanding of the above information by signing in the space provided below.

I understand and agree to the stipulation regarding confidentiality and ethics as stated above.

Printed Name

Signature

Date