

Volunteer Application

Olympic Hills PTA



www.olympichillspta.com
president@olympichillspta.com

Personal Information

Full Legal Name: _____ Date of Birth: _____

Previous Names: _____

Driver's license # and state _____ Social Security #: _____

Address: _____

Email: _____ Phone: _____

Student Contact:

Do you expect to have unsupervised contact with students? **Yes / No**

Have you completed the online Adult Sexual Misconduct Prevention Training? **Yes / No**

Have you ever been convicted of a felony or misdemeanor? **Yes / No**

Have you ever had any findings against you in a civil adjudicative proceeding, as defined in RCW 43.43.830? **Yes / No**

If you answered "Yes" to either of the above, please explain on a separate sheet, providing the charge, date, and court(s) involved. Failure to disclose complete and accurate information can result in dismissal from volunteer service

By my signature below, I authorize the Olympic Hills PTA (6.15.275) and its authorized agents to conduct a criminal background check. This investigation may include, but is not limited to, my criminal history, sex offender registry checks, driving records, and other public records. I certify that all statements made on this application are true and correct to the best of my knowledge.

I understand that:

The information obtained will be used solely for determining my eligibility to volunteer.

A criminal history does not automatically disqualify me from volunteering.

Any information obtained will be kept confidential and stored securely.

I have the right to request a copy of the background check report.

I hereby release the Olympic Hills PTA (6.15.275) and its agents from any and all liability related to obtaining or disclosing information provided for this background check.

Signature: _____ Date: _____

Printed Name: _____