



**REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845
2021 - 2022 School Year**



FILL OUT FORM AND ATTACH A PHOTOCOPY OF A LEGAL PHOTO ID & PROOF OF COVID-19 VACCINATION

- PLEASE CHECK:** Photocopy of the front of a Valid Driver's License or other Valid Government Issued Photo Identification attached (ASB Card is acceptable for current Shoreline School District students)
- Photocopy of proof of COVID-19 Vaccination

TO SUBMIT: If you are a school **Volunteer Applicant**, submit this form directly to the school.
If you are an **Employee or Substitute Applicant**, submit this form with your hire packet to HR.

Provide all the mandatory information requested below:

Applicant's Name: _____
First
Middle
Last

Alias/Maiden Name/s: _____

Date of Birth: ____ / ____ / ____ **Place of Birth:** _____ **Gender:** _____ **Race:** _____
Month Day Year

Applicant's Address: _____

Phone Number: (_____) _____ **Email:** _____

CHECK ALL THAT APPLY:	Location/s:				
Substitute <input type="checkbox"/>	Briarcrest <input type="checkbox"/>	Edwin Pratt <input type="checkbox"/>	Lake Forest Park <input type="checkbox"/>	Shorecrest <input type="checkbox"/>	
Employee <input type="checkbox"/>	Brookside <input type="checkbox"/>	Einstein <input type="checkbox"/>	Meridian Park <input type="checkbox"/>	Shorewood <input type="checkbox"/>	
Volunteer* <input type="checkbox"/>	Cascade K-8 <input type="checkbox"/>	Highland Terrace <input type="checkbox"/>	Parkwood <input type="checkbox"/>	Syre <input type="checkbox"/>	
Current Student <input type="checkbox"/>	Echo Lake <input type="checkbox"/>	Kellogg <input type="checkbox"/>	Ridgecrest <input type="checkbox"/>	District Wide <input type="checkbox"/>	

***Your Student's Name/s (if applicable):** _____

- Have you ever been convicted of a crime?** Yes No
- Have you ever had findings made against you in any civil adjudicative proceeding?** Yes No
- Have you ever had both a conviction and findings made against you?** Yes No

If you answered YES to any of the above, please explain: _____

WSP IDENTIFICATION AND CRIMINAL HISTORY CHECK CONSENT

I have read the information contained in this application. Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I authorize the Shoreline School District to conduct a background check and to obtain any and all information needed to process my volunteer application. I understand that the District may, at its discretion, exclude me from volunteering for any reason, including any misleading or incomplete statements on this application. Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

Signature: _____ **Date:** _____

Printed Name: _____

<p>REQUESTING AGENCY/ADDRESS: Shoreline School District (Attention: Melissa Carmen) 18560 1st Ave NE Shoreline, WA 98155</p> <p>I certify that this request is made pursuant to and for the purpose indicated:</p> <p> _____, Melissa Carmen, HR Sub Coordinator / Background Check substitute.coordinator@shorelineschools.org / 206-393-4224</p>	<p align="center">PURPOSE: Educational School District (ESD)/ School District Volunteer – NO FEE</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>HR USE ONLY</p> <p><input type="checkbox"/> Processed & Cleared</p> <p><input type="checkbox"/> Incomplete Form</p> <p><input type="checkbox"/> Needs to be Reviewed</p> </div>
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