



**REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845**



INSTRUCTIONS: PLEASE FILL OUT AND ATTACH A PHOTOCOPY OF A LEGAL PHOTO ID

PLEASE CHECK:

- Photocopy of Valid Driver's License or other Valid Government Issued Photo Identification Attached (ASB Card is acceptable for current Shoreline School District students)
- Form is Complete, in Black or Blue Ink, and Legible

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

APPLICANT OF INQUIRY (Please provide all the mandatory information requested below.)

Applicant's Name: _____
First Middle Last

Alias/Maiden Name(s): _____

Date of Birth: / / **Gender:** M / F **Race:**
Month Day Year Circle One

Applicant's Address: _____

Place of Birth: _____ **Country of Citizenship:** _____

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

<p>PLEASE CHECK ALL THAT APPLY:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Substitute</td><td><input type="checkbox"/></td></tr> <tr><td>Employee</td><td><input type="checkbox"/></td></tr> <tr><td>Volunteer</td><td><input type="checkbox"/></td></tr> <tr><td>Current Student</td><td><input type="checkbox"/></td></tr> </table>	Substitute	<input type="checkbox"/>	Employee	<input type="checkbox"/>	Volunteer	<input type="checkbox"/>	Current Student	<input type="checkbox"/>	<p>PLEASE CHECK ALL THAT APPLY:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Briarcrest</td><td><input type="checkbox"/></td> <td style="width: 25%;">Early Childhood</td><td><input type="checkbox"/></td> <td style="width: 25%;">Lake Forest Park</td><td><input type="checkbox"/></td> <td style="width: 25%;">Shorecrest</td><td><input type="checkbox"/></td> </tr> <tr> <td>Brookside</td><td><input type="checkbox"/></td> <td>Einstein</td><td><input type="checkbox"/></td> <td>Meridian Park</td><td><input type="checkbox"/></td> <td>Shorewood</td><td><input type="checkbox"/></td> </tr> <tr> <td>Cascade K-8</td><td><input type="checkbox"/></td> <td>Highland Terrace</td><td><input type="checkbox"/></td> <td>Parkwood</td><td><input type="checkbox"/></td> <td>Syre</td><td><input type="checkbox"/></td> </tr> <tr> <td>Echo Lake</td><td><input type="checkbox"/></td> <td>Kellogg</td><td><input type="checkbox"/></td> <td>Ridgecrest</td><td><input type="checkbox"/></td> <td>District Wide</td><td><input type="checkbox"/></td> </tr> </table>	Briarcrest	<input type="checkbox"/>	Early Childhood	<input type="checkbox"/>	Lake Forest Park	<input type="checkbox"/>	Shorecrest	<input type="checkbox"/>	Brookside	<input type="checkbox"/>	Einstein	<input type="checkbox"/>	Meridian Park	<input type="checkbox"/>	Shorewood	<input type="checkbox"/>	Cascade K-8	<input type="checkbox"/>	Highland Terrace	<input type="checkbox"/>	Parkwood	<input type="checkbox"/>	Syre	<input type="checkbox"/>	Echo Lake	<input type="checkbox"/>	Kellogg	<input type="checkbox"/>	Ridgecrest	<input type="checkbox"/>	District Wide	<input type="checkbox"/>
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Student Name(s): _____

WSP IDENTIFICATION AND CRIMINAL HISTORY CHECK CONSENT (Please sign, date, and print your name)

Applicant's Signature: _____ **Date:** _____

Applicant's Printed Name: _____

↓ **REQUESTING AGENCY USE ONLY** ↓

<p>REQUESTING AGENCY/ADDRESS:</p> <p>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> _____ 2018 - 2019 School Year Melissa Carmen Human Resources Substitute Coordinator/background checks substitute.coordinator@shorelineschools.org (206) 393-4224</p>	<p>PURPOSE:</p> <p>Educational School District (ESD)/ School District Volunteer—NO FEE</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p align="center">HR USE ONLY</p> <p><input type="checkbox"/> Processed & Cleared <input type="checkbox"/> Incomplete Form <input type="checkbox"/> Needs to be Reviewed</p> </div>
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CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses or organizations. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97

1. Searches may be conducted only on prospective employees, volunteers, adoptive parents, prospective clients, or resident.

Background checks may be conducted on prospective employees, volunteers, or adoptive parents who will be or may have unsupervised access to children less than sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment decisions only. A prospective client's or resident's conviction record—upon the request of a business or organization that qualifies for exemption under section 501(c)(3) of the internal revenue code of 1986 (26 U.S.C. Sec. 501(c)(3) and that provides emergency shelter or transitional housing for children, persons with developmental disabilities, or vulnerable adults.

2. Applicants must be notified an inquiry may be made.

A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer, that an inquiry may be made.

3. A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.

A business or organization shall require each applicant to disclose whether the applicant has been:

- (a) Convicted of a crime;
- (b) Had findings made against him or her in any civil adjudicative proceeding;
- (c) Has both a conviction and findings made against him or her.

4. Applicants must be notified of the response.

The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

Notes:

- "Business or organization" means a person, business, or organization licensed in this state, any agency of the state, or other governmental entity, that educates, trains, treats, supervises, houses, or provides recreation to developmentally disabled persons, vulnerable adults, or children under sixteen years of age, or that provides child day care, early learning, or early learning childhood education services, including but not limited to public housing authorities, school districts, and educational service districts.
- "Client" or "resident" means a child, person with developmental disabilities, or vulnerable adult applying for housing assistance from a business or organization.
- The business or organization shall use this record only in making the initial employment or engagement decision. Further dissemination or use of the record is prohibited. A business or organization violating this subsection is subject to civil action for damages.
- Responses are limited to Washington State records only.

NOTE:

The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.