RELEASE, HOLD HARMLESS AND INDEMNITY AGREEMENT

As a volunteer to the Mary Walker School District No. 207, the undersigned has read and agreed to the following Release, Hold Harmless and Indemnity Agreement:

The Mary Walker School District No. 207, its employees, officers, and agents shall not be liable for any injury, including death, damages or liability, to any persons and/or agencies for damage to property regardless of how such injury or damages, caused, sustained or alleged to have been sustained by the volunteer or by others as a result of any coordination or occurrence whatsoever related to this project. The Mary Walker School District No. 207 has volunteer L&I for any injury occurring during the course of this work. However, the Mary Walker School District No. 207 will not be responsible for the loss of wages as a result. It is, therefore, the volunteer's responsibility to report any injuries promptly to the project coordinator. It is also agreed that the volunteer will follow all laws and safety rules and regulations pertaining to construction of such a facility. If, in fact, a volunteer causes an injury to another volunteer, the Mary Walker School District No. 207 will not be responsible for the conduct of that volunteer or injury of the volunteer who was injured. The volunteer agrees that this release, hold harmless and indemnity agreement shall be binding on this date.

DATED THIS _____ day of ____________________________. _______.

________________________________________
Signature of Volunteer

________________________________________
Signature of Parent/Guardian (if volunteer is under the age of 19)

________________________________________
Signature of School District Supervisor/Manager

________________________________________
Witness

________________________________________
Witness
APPLICANT DISCLOSURE FORM
PURSUANT TO CHAPTER 486, LAWS OF 1987

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge and/or finding, the date, and the court(s) involved. If additional writing space is needed, please attach additional sheets. Thank you.

1. Have you ever been charged or convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as follows: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment?

Answer: ____________  If YES, explain below.
________________________________________
________________________________________
________________________________________
________________________________________

2. Have you ever been charged or found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer: ____________  If YES, explain below.
________________________________________
________________________________________
________________________________________

3. Have you ever been charged or 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?

Answer: ____________  If YES, explain below.
________________________________________
________________________________________
________________________________________

4. Have you ever been charged or found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

Answer: ____________  If YES, explain below.
________________________________________
________________________________________
________________________________________
________________________________________

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.

Signature: ________________________________  Date Signed: ____________________

Employment is contingent upon prospective employees successfully completing a record check through the Washington State Patrol Criminal Identification System, and the Federal Bureau of Investigation.
REQUESTING AGENCY/ADDRESS
Mary Walker School District No. 207
Agency
District Office
Attn
P.O. Box 159
Address
Springdale, WA 99173
City/State/Zip

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature __________________________ Date __________________________

Title __________________________ Area Code/Phone Number (509) 258-4534

PURPOSE
Check appropriate box

☐ Educational School District (ESD)/School District
 Volunteer – no fee

☐ Non-Profit Business/Organization – no fee
 (Excluding Schools & ESD’s)

☐ Profit Business/Organization - $17

☐ Adoptive Parent - $17

☐ Receive background results electronically

Email address __________________________________________

Password __________________________ (must be at least 8 characters)

Fees: Make payable to Washington State Patrol by check, money order, or business account.

Notary letters certifying the results are available upon request (available by mail only). There is an additional $10.00 processing fee per notary seal.

________________________________________ Notarized Letter(s)

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

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Mary Walker School District No. 207
Requesting Agency

Applicant’s Signature __________________________

Applicant’s Name __________________________

Address __________________________

City/State/Zip __________________________

3000-240-430 (R 7/11)
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, or adoptive parents.
   Background checks may be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment decisions only.
   Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW 10.97.

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.
• 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.
# IMMUNIZATION HISTORY
**FOR SCHOOL PERSONNEL**

**Name:**

**Date of Birth:**

**Measles**

One dose of live measles vaccine administered since 1968 and given at or after one year of age; or laboratory evidence of measles immunity (Not required of those born before January 1, 1957)

**Date of Vaccine:**

**Month/Day/Year**

**DOCUMENTATION OF MEASLES IMMUNITY**

I certify that the person named above has laboratory evidence of immunity to measles virus and does not need measles vaccine.

<table>
<thead>
<tr>
<th>Titer Result</th>
<th>Physician's Signature or Stamp</th>
<th>Date</th>
</tr>
</thead>
</table>

**Rubella**

One dose of rubella vaccine administered at or after one year of age and after July 1969; or laboratory evidence of rubella immunity.

**Date of Vaccine:**

**Month/Day/Year**

**DOCUMENTATION OF RUBELLA IMMUNITY**

I certify that the person named above has laboratory evidence of immunity to measles virus and does not need measles vaccine.

<table>
<thead>
<tr>
<th>Titer Result</th>
<th>Physician's Signature or Stamp</th>
<th>Date</th>
</tr>
</thead>
</table>

**Mumps**

One dose of vaccine administered at or after one year of age. Not required of those born before January 1, 1957, or those who had mumps disease.

**Date of Vaccine:**

**Month/Day/Year**

**Hepatitis B**

Hepatitis B Vaccination 3-shot Series – list each date:

1) 

2) 

3)

**Date of Vaccine:**

**Month/Day/Year**

**Exemption**

In the event of an outbreak of vaccine preventable disease from which you are exempt, you may be excluded from work up to two weeks after the last known case for the duration of the outbreak:

- [ ] Religious Exemption
- [ ] Personal Exemption

I am opposed to immunizations and do not want to have any vaccines; or I do not want to receive the following vaccines:

**Signature of Employee**

**Date**

**Tetanus-Diptheria**

Td (adult) A booster is needed every 10 (ten) years.

**Date of Vaccine:**

**Month/Day/Year**

**CERTIFICATION**

I certify that the above information provided is correct.

**Signature of Employee**

**Date**