

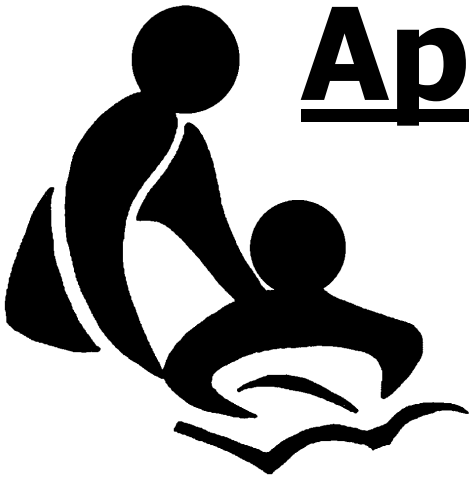
# KidREACH

@ Maple Valley Presbyterian Church

Relating Educating And Communicating Hope

## Volunteer

## Application



The mission of KidREACH is to build one to one mentoring relationships that foster hope and address the academic and social needs of children in our neighborhood. In doing this, we seek to demonstrate God's love to each mentored child and their family.



# Instructions for completing volunteer paperwork

- Step 1.** Complete the following forms:
  - A. The Volunteer Application
  - B. Agreement Regarding Policies & Procedures
  - C. The Washington State Patrol Request for Criminal History Information with Applicant Disclosure
  
- Step 2.** Provide the Reference Check form to two non-related references for completion. Be sure to fill in your name. The completed forms may be returned to you or directly to the Site Coordinator.
  
- Step 3.** Submit all completed forms to the Site Coordinator

Washington State Patrol background checks are required for all volunteers in contact with children by MVPC and the Tahoma School District. Request forms will be destroyed after checks are completed.

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## Additional Paperwork for Offsite Visits

KidREACH Volunteers are required to be with the program for one year before they are eligible for offsite visits with a KidREACH child.

- If you plan to spend time with a KidREACH child outside of the scheduled tutoring setting, please complete a KidREACH Mentor Release form, which you can obtain from your Site Coordinator.
- If you plan to transport a KidREACH child in your vehicle, please complete a Private Vehicle Use form and a Request for Abstract of Driving Record, which you can obtain from your Site Coordinator.
  - A. First, have the parent(s) of the child(ren) whom you are tutoring complete their portion of the form.
  - B. After the parent(s) complete their portion of the form, complete the volunteer portion of it and return it to your Site Coordinator

**KidREACH**  
@ Maple Valley Presbyterian Church  
PO Box 590  
22659 Sweeney Rd. SE  
Maple Valley, WA 98038

## Volunteer Application

### General Information

Full Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Communication with volunteers is conducted largely by e-mail. Is this consistently an effective way to reach you? If not, what do you prefer? \_\_\_\_\_

Male  Female  Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnicity (optional): \_\_\_\_\_

### Personal Information

Current/Most Recent Employer: \_\_\_\_\_

Special Skills/Training: \_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

Other Community Involvement: \_\_\_\_\_

### Other Information

What role do you wish to volunteer for?  Weekly Tutor  Substitute Tutor  Other \_\_\_\_\_

If you have a preference regarding grade or gender of the student you work with, please state it here:

How did you hear about KidREACH? \_\_\_\_\_

What do you hope to gain through your KidREACH experience? \_\_\_\_\_

Do you have any physical limitations that might affect your ability to volunteer in the capacity for which you are applying? Yes  No  If yes, please explain: \_\_\_\_\_

#### Emergency Contact:

Name: \_\_\_\_\_

Phone No: (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

#### - For Office Use Only -

Date Rcvd: \_\_\_\_\_

WSP BC

Mentor Release  Staff Initials: \_\_\_\_\_

Private Vehicle Use

Driving Abstract

If applicant is under 18 years of age or still living with parent/guardian, a parent/guardian must sign here, acknowledging that they give permission for this volunteer activity and release the site and its affiliates from liability.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



# KidREACH Reference Check Form

Volunteer Name: \_\_\_\_\_

Tutoring Site: **Maple Valley Presbyterian Church**

**Please Return Completed Forms to:** ←

KidREACH at MVPC

P O Box 590 Maple Valley, WA 98038

Your name has been given as a reference for the volunteer shown above. He/she will be working as a tutor/mentor one-on-one with a student between the ages of 6 and 12. To assist us in determining his/her qualifications, please take a few minutes to answer the following questions.

1. How do you know the applicant? How long have you known him/her?

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2. How would you say the applicant relates with children?

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3. Have you ever seen the applicant discipline a child? If so, what did you see?

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4. Can you think of any problems or conditions that would interfere with this applicant's ability to care for children, or that might endanger the children under his/her care? *(This might include substance abuse, mental or physical illness, or a history of violence against self or others.)*

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5. Would you feel comfortable leaving your children unsupervised with this applicant? Why or why not?

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_____	_____	_____
Reference Signature	Date	Home Phone
Reference Printed Name: _____		



# KidREACH Reference Check Form

Volunteer Name: \_\_\_\_\_

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1. How do you know the applicant? How long have you known him/her?

\_\_\_\_\_  
\_\_\_\_\_

2. How would you say the applicant relates with children?

\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever seen the applicant discipline a child? If so, what did you see?

\_\_\_\_\_  
\_\_\_\_\_

4. Can you think of any problems or conditions that would interfere with this applicant's ability to care for children, or that might endanger the children under his/her care? *(This might include substance abuse, mental or physical illness, or a history of violence against self or others.)*

\_\_\_\_\_  
\_\_\_\_\_

5. Would you feel comfortable leaving your children unsupervised with this applicant? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_

_____	_____	_____
Reference Signature	Date	Home Phone
Reference Printed Name: _____		





**WASHINGTON STATE PATROL**

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<http://watch.wsp.wa.gov>



Please return form to  
MVPC, not Olympia.



**REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)**

**INSTRUCTIONS:** PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION BASED ON NAME AND DATE OF BIRTH. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$17.00 CHECK OR MONEY ORDER. FOR REQUEST BASED ON FINGERPRINTS, MAIL A COMPLETED FINGERPRINT CARD AND FEE OF \$26.00. YOU MAY ALSO COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST BY NAME AND DATE OF BIRTH FOR \$10.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$10.00 PER NOTARY SEAL 0 Notarized Letter(s)

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. Applicant may be advised of inquiry.

**A**

**SUBJECT INFORMATION: (Please type or print clearly)**

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

**B**

**REQUESTOR INFORMATION: (Please type or print clearly)**

DATE: 09 / 01 / 13 Faye A Morley *Faye A. Morley*  
Mo. Day Yr. (print) Name/Title of Requestor Requestor's Signature

Provide e-mail to receive background results electronically. Phone No. (425) 432-4399

fmorley@mvpc.net \_\_\_\_\_  
 E-mail address Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

Maple Valley Presbyterian Church \_\_\_\_\_  
Name  
PO Box 590 \_\_\_\_\_  
Address  
Maple Valley WA 98038 \_\_\_\_\_  
City State ZIP Code

Subject's Right Thumb Print (Optional)

**Page 2 - of the Washington State Patrol Identification and Criminal History Check**

In accordance with RCW 43.43.830, applicants and prospective volunteers are required to complete this disclosure form. In addition, applicants who have been offered employment or volunteer assignments as outlined in said law will be required to complete a Request for Criminal History form, or fingerprinting for a background check. These requests will be forwarded to the Washington State Patrol for disclosure of any applicable charges or finding. Applicants may be employed on a conditional basis pending completion of such background investigation. Volunteers will be retained on the same conditional basis. Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as follows: Aggravated murder; first of second degree murder, first of 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; 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** \_\_\_\_\_

2. Have you ever been found in any dependence 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** \_\_\_\_\_

3. Have you ever been 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** \_\_\_\_\_

4. Have you ever been 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** \_\_\_\_\_

5. Have you been convicted in the past 10 years of any crime: felony or misdemeanor?

**ANSWER** \_\_\_\_\_ **If YES, explain** \_\_\_\_\_

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. Furthermore, I understand that my continued employment (volunteer position) is conditional upon the fingerprinting and background checks that Maple Valley Presbyterian Church will conduct.

ORGANIZATION: Maple Valley Presbyterian Church  
PO Box 590  
22659 Sweeney Rd SE  
Maple Valley, WA 98038



I authorize Maple Valley Presbyterian Church to make investigation of Washington State Patrol Identification and Criminal History Section. I further authorize this government agency to provide Maple Valley Presbyterian Church with information they have regarding me. I hereby release and discharge the Maple Valley Presbyterian Church and those who provide information from any and all liability as **a result of furnishing this information.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_