

**Personnel**

**Asotin-Anatone School District #420**

314 1st Street  
P.O. Box 489  
Asotin, WA 99402  
(509) 243-1100  
(509) 243-4251 Fax



**Volunteer Contact Information**

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

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Staff Member or Department You Are Volunteering For:

\_\_\_\_\_

**DISCLOSURE INFORMATION**

Within the Last 10 Years Have You Been:

Yes  No Convicted of a felony?

Yes  No Convicted of a misdemeanor involving a child?

Yes  No Found in any dependency action or by a court in a domestic relations proceeding or in any disciplinary board final decision to have sexually assaulted or exploited any minor or to have sexually abused a minor?

Yes  No Released from prison or convicted of any offense that involved drugs or alcohol?

Yes  No Do you have any criminal arrests on which charges are pending?

If you answered yes to any of the above questions, please attach a statement of explanation.

\_\_\_\_\_

Signature of Volunteer

\_\_\_\_\_

Date

**Must complete safety training before beginning.**

**Office use only**

Sheila add to volunteer list for worker's comp insurance

Sheila verify required forms submitted

Polly set up in Safety Training.