



VOLUNTEER BACKGROUND CHECK FORM (2019-2020)

registrar@kmcoop.org

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(253) 951-1115 www.kmcoop.org

Student's Name: _____ Class registering for: _____
(Last, First)

As a Co-op preschool, parents are required to work in the classroom. For the White, Red, Orange, and Yellow classes you will work in the classroom two times a month. For Blue, Green, and Purple classes you may work up to 3-4 times per month in the classroom. A parent, grandparent, nanny, or other family members may fulfill this volunteer obligation for your child's enrollment. Kent-Meridian Co-op Preschool realizes that educating preschool children in a cooperative setting creates risks to the children incumbent upon their being present in a room with an unsupervised adult other than their parent; and the Board considers these risks will be minimized by the use of background checks to screen parents and other volunteers for past convictions that might make them inappropriate candidates to assist in the education of young children or in service to the Board. **Thus every volunteer will be required to complete a criminal background check and a child protection course provided by St. James Episcopal Church before volunteering in the classroom.** These background checks will be completed through the Washington State Patrol (WATCH) Program and are confidential. Only the preschool board member who collects and submits these background check requests will know the results. If an unfavorable result is received on your background check, you will be given a copy of the results and an opportunity to explain or dispute the results before a decision will be made to allow you in the classroom to volunteer. Further detailed information is available through the Preschool Policy & Procedures Manual under the Background Check Policy.

Primary Classroom Volunteer:

Name, Last: _____ First: _____ Middle: _____

Sex: Male Female Race: _____ Date of Birth (MM/DD/YYYY): _____

Alias/Maiden Name: _____ Phone number: _____

Home address: _____

I hereby acknowledge that I have read and understand the Background Check Policy as described in the Kent- Meridian Co-op Preschool Policy & Procedures Manual.

Signature: _____

Additional family members/persons who may volunteer during the school year:

Name, Last: _____ First: _____ Middle: _____

Sex: Male Female Race: _____ Date of Birth (MM/DD/YYYY): _____

Alias/Maiden Name: _____ Phone number: _____

Home address: _____

I hereby acknowledge that I have read and understand the Background Check Policy as described in the Kent- Meridian Co-op Preschool Policy & Procedures Manual.

Signature: _____

Name, Last: _____ First: _____ Middle: _____

Sex: Male Female Race: _____ Date of Birth (MM/DD/YYYY): _____

Alias/Maiden Name: _____ Phone number: _____

Home address: _____

I hereby acknowledge that I have read and understand the Background Check Policy as described in the Kent- Meridian Co-op Preschool Policy & Procedures Manual.

Signature: _____