



**MEAD**  
High School

302 West Hastings Rd  
Spokane, WA 99218  
MeadHS.Mead354.org  
@MeadHighSchool  
Facebook.com/MeadHS  
509.465.7000

### Panther Volunteer Form

Thank you for your interest in volunteering at Mead High School. We believe schools are meant to be the hub of the community & partnering with you makes us better.

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

Mobile Number: \_\_\_\_\_ eMail: \_\_\_\_\_

Connection to Mead? (child, friend, business, etc.): \_\_\_\_\_

Why do you want to volunteer @ Mead High School? \_\_\_\_\_

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

#### Get involved? YOU belong!

Please mark areas of interest.

- Academic Enrichment Support
- Academic Boosters
- Athletic Boosters
- Council for Learning Improvement (CLI)
- Dance Chaperone
- Panther Posse (presence before school, BIP, lunch, or after school)
- Performing Arts Boosters (list here: \_\_\_\_\_)
- Promote eScrip, Fred Meyer Rewards, other programs / fundraising efforts
- Obtain donations for our Panther PACE program (Character Edu / PBIS)
- Other [explain]: \_\_\_\_\_

I, \_\_\_\_\_, [print name] agree to a Conviction Criminal History Record (RCW 10.97) background check on an annual basis. Additionally, If an active investigation is taking place between checks, I will immediately notify school administration.

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

# WASHINGTON STATE PATROL

Identification & Criminal History Section

P.O. Box 42633

(360)705-5100

Request for Conviction Criminal History Record (RCW 10.97)

Instructions: Please complete this form and personally return to Mead High School for verification of your identification. If you are unable to personally return to Mead High School, a clear and legible photo ID is required. Identification must have photo, name, address, and D.O.B.

Student Requesting Visitor (if applicable): \_\_\_\_\_

Visitor's Name:

\_\_\_\_\_

Visitor's Affiliation [if applicable, i.e., business, organization, etc.]: \_\_\_\_\_

\_\_\_\_\_

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. Application may be advised of inquiry.

Subject Information (please type or print clearly):

Applicant's name: \_\_\_\_\_

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

Date of Birth (month/date/year): \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

Office Use Only:

Check done by: \_\_\_\_\_ Date: \_\_\_\_\_