

**Olympic View Music Boosters**  
**2010 Spokane Lilac Festival Trip**  
**Volunteer Application Form**

Parent #1 Name \_\_\_\_\_  
Parent #2 Name \_\_\_\_\_  
Student Name \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

I am willing to room with \_\_\_\_\_

Tee Shirt size #1 \_\_\_\_\_  
Tee Shirt size #2 \_\_\_\_\_

Please check all boxes that apply.

- I would like to chaperone both trips
- I can chaperone the first weekend May 7-9
- I can chaperone the second weekend May 15-16

Thanks you!  
Music Boosters

# WASHINGTON STATE PATROL



Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633

## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

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| <p><b>A</b> <b>REQUESTING AGENCY/ADDRESS</b><br/><b>OLYMPIC VIEW MUSIC BOOSTERS</b></p> <p>Agency<br/><b>JON RICKEY</b></p> <p>Attn<br/><b>2602 MUKILTEO SPEEDWAY</b></p> <p>Address<br/><b>MUKILTEO, WA 98275</b></p> <p>City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <hr/> <p>Authorized Signature _____ Date _____</p> <p><b>BOOSTER PRES.</b> ( <b>425</b> ) <b>3274010</b></p> <p>Title _____ Area Code/Phone Number _____</p> | <p><b>B</b> <b>PURPOSE</b><br/>Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer - no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization - no fee (Excluding Schools &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input checked="" type="checkbox"/> Receive results electronically</p> <p>Email address <u>jkmrickey@msn.com</u></p> <p>Password _____ (must be at least 8 characters)</p> <p><b>Fees:</b> Make payable to <b>Washington State Patrol</b> by check, money order, or business account.</p> <p><b>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</b></p> <p style="text-align: right;">0 Notarized Letter(s)</p> |
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**C** **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.

VOLUNTEERS  
\*\*\* FIM this out! \*\*\*

**D** **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.

**OLYMPIC VIEW MUSIC BOOSTERS**

Requesting Agency \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Applicant Right Thumb Print (Optional)