

VOLUNTEER – APPLICATION

NAME _____ DATE _____

MAIDEN/BIRTH NAME _____

MAILING ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ WORK OR CELL PHONE _____

Applicant Disclosure Pursuant to RCS 43.43.834 – Child & Adult Abuse Information Act

1. Have you ever been charged and/or convicted of any crime against persons?

YES **NO**

2. Have you ever been found in any dependency action, domestic relations proceedings, or a disciplinary board final decision, to have sexually abused, sexually assaulted, exploited, or physically abused any minor?

YES **NO**

If you answered NO to each of the questions please complete the Washington State Patrol Identification form.

If you answered YES to any of the above questions and still wish to volunteer, please explain the circumstances and then complete the Washington State Patrol Identification form.

WASHINGTON STATE PATROL
Identification and Criminal History Section
PO BOX 42633, Olympia WA 98504-2633
REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845

This background check cannot be processed without your signature and copy of your Driver's License or state issued picture ID card

APPLICANT OF INQUIRY

Applicant's Name _____
Last First Middle

Alias/Maiden Name(s) _____

Date of Birth _____ Sex _____ Race _____

Secondary dissemination of this criminal history record is prohibited unless in compliance with RCW 10.97.050

I certify under penalty of perjury according to the laws of the state of Washington that the foregoing is true and correct. I understand my time will be spent in a volunteer capacity only.

Applicant's Signature

For office use only

Interviewed by _____ Date _____

Ref. checked by _____ Date _____

WSP check date _____