



Clallam County Volunteer Disclosure Statement

Pursuant to the requirements of RCW 43.43.830-840, we must ask you to complete the following disclosure statement. This information will be kept confidential.

Have you ever been convicted of any of the following crimes against persons?

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated, first or second degree murder
<input type="checkbox"/>	<input type="checkbox"/>	First or second degree kidnapping
<input type="checkbox"/>	<input type="checkbox"/>	First, second or third degree assault
<input type="checkbox"/>	<input type="checkbox"/>	First, second or third degree rape
<input type="checkbox"/>	<input type="checkbox"/>	First, second or third degree statutory rape
<input type="checkbox"/>	<input type="checkbox"/>	First or second degree robbery
<input type="checkbox"/>	<input type="checkbox"/>	First degree arson
<input type="checkbox"/>	<input type="checkbox"/>	First degree burglary
<input type="checkbox"/>	<input type="checkbox"/>	First or second degree manslaughter
<input type="checkbox"/>	<input type="checkbox"/>	First or second degree extortion
<input type="checkbox"/>	<input type="checkbox"/>	Indecent liberties
<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	Vehicular homicide
<input type="checkbox"/>	<input type="checkbox"/>	First degree promoting prostitution
<input type="checkbox"/>	<input type="checkbox"/>	Communication with a minor
<input type="checkbox"/>	<input type="checkbox"/>	Unlawful imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	Simple assault
<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation of minors
<input type="checkbox"/>	<input type="checkbox"/>	First or second degree criminal mistreatment
<input type="checkbox"/>	<input type="checkbox"/>	Child abuse or neglect as defined in RCW 25.44.020
<input type="checkbox"/>	<input type="checkbox"/>	First or second degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	Malicious harassment
<input type="checkbox"/>	<input type="checkbox"/>	First, second or third degree child molestation
<input type="checkbox"/>	<input type="checkbox"/>	First or second degree sexual misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a juvenile prostitute
<input type="checkbox"/>	<input type="checkbox"/>	Child abandonment
<input type="checkbox"/>	<input type="checkbox"/>	Promoting pornography
<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic material to a minor
<input type="checkbox"/>	<input type="checkbox"/>	Custodial assault
<input type="checkbox"/>	<input type="checkbox"/>	Violation of child abuse restraining order
<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling
<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they have been renamed

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed. _____

Has (a) a dependency action, (b) a domestic relations proceeding, or (c) a disciplinary board final decision found you to have sexually assaulted or exploited a minor, or to have physically abused or sexually abused a minor? YES NO

If your answer is "yes", please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed. _____

We may request your fingerprints to obtain from the Washington State Patrol's criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are selected before that report is available, **YOUR VOLUNTEER POSITION WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.**

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

I certify under penalty of perjury that the above information is true, correct and complete. I understand that if I am selected, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am selected, my volunteer position is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signed at _____, Washington, this _____ day of _____, 20____.

Signature

Full Name (print)

Date of Birth



CLALLAM COUNTY

AUTHORIZATION TO RELEASE PERSONAL HISTORY INFORMATION

(TO BE COMPLETED BY APPLICANT AND SUBMITTED WITH APPLICATION)
THIS FORM MUST BE NOTARIZED

A complete personal and criminal background investigation will be conducted before hiring for this position. Your fingerprint record may be checked through the Federal Bureau of Investigation. Therefore, the following information is necessary. Other physical, mental, or other job-related tests may be required depending on position applying for. Proof of name and date of birth is required. Only authorized staff will have access to this form. **I CERTIFY THAT THE INFORMATION PROVIDED BELOW IS COMPLETE AND ACCURATE.**

NAME: _____

OTHER NAMES KNOWN BY: _____

DRIVER'S LICENSE NO.: _____ STATE ISSUING: _____ EXP DATE: _____

LIST STATES OTHER THAN WASHINGTON IN WHICH YOU HAVE RESIDED (include County name years):

STATE	CORRESPONDING COUNTY	YEARS (TO & FROM)

TO WHOM IT MAY CONCERN: I hereby waive my rights as specified in Public Law 93-579 - December 31, 1974 - Title V, U.S.C. 552A. I respectfully request and authorize you to furnish the Clallam County Human Resource Department or its designated agent bearing this release with any and all information that you may have concerning me, including but not limited to, academic achievement, attendance, athletic, military, personal history, health history including psychological and medical records, disciplinary records, and credit records. I also authorize Clallam County Human Resource Department or its designated agent bearing this release to obtain a certified abstract of my full driving record. I request you to answer any questions asked of you with complete candor and cooperation.

I hereby release and agree to hold harmless, you, your organization, including its officers, employees, agents, and insurers, individually and collectively, from any and all liability or damage of whatever kind, which may at any time result to me, my heirs, family or associates due to or in any way related to compliance with this authorization and request to release information, or any attempt to comply with it.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature. The original of this form is maintained at the Clallam County Human Resource Department and will be made available upon request.

The information resulting from this release is to be used to assist the Human Resource Department in determining my fitness and qualifications for a position of trust and responsibility. I waive all rights I may assert to obtain information provided to Clallam County pursuant to this release, and agree that Clallam County may preserve the confidentiality from me of statements, opinions and documentation provided by you.

This release will expire one (1) year after date of execution and, prior to that time may be deemed irrevocable.

Signature (SIGN IN FRONT OF NOTARY) _____

Date of Execution: _____

Printed Name _____

SUBSCRIBED and SWORN to before me this _____ day of _____, 20____.

Signature of Notary Public _____

Notary Public in and for the State of : _____

Residing at: _____

My Commission expires: _____