

**CRIMINAL CONVICTION RECORD CHECK AUTHORIZATION AND DISCLOSURE FORM  
(Pursuant to RCW 43.43.8340)  
Child and Adult Abuse Information Act**

All volunteers must complete this History Background check. Information on this form will be sent to the Washington State Patrol for verification. Please be prepared to show valid photo identification – Driver’s License or Passport.

Name (Please Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other Names Known By or Used (Maiden, Alias, etc.) \_\_\_\_\_

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Address (City, State, Zip Code) \_\_\_\_\_

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Gender (Circle One) Female Male

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List the states or countries in which you have lived over the last seven years, including the years in which you lived in each.

<i>State</i>	<i>Years</i>	<i>State</i>	<i>Years</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of crimes against children or other persons?

Yes (explain below)                       No

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Have you ever been convicted of crimes relating to financial exploitation of a vulnerable adult?

Yes (explain below)                       No

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Have you ever been convicted of crimes related to drugs as defined in RCW 43.43.830?

Yes (explain below)                       No

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Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have abused any minor?

Yes (explain below)                       No

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Have you ever been found by a court in any domestic relations proceedings under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

Yes (explain below)                       No

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Have you ever been found by any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

Yes (explain below)                       No

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Have you ever been found in any protection proceeding, under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

Yes (explain below)                       No

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**Authorization**

I certify that all information on this Criminal Conviction Record Authorization and Disclosure form is true to the best of my knowledge and that I understand that any misstatement of fact may result in my disqualification from consideration for volunteer activities and termination of my volunteer activities. I swear under penalty of perjury under the laws of the State of Washington that the foregoing responses are true, correct and complete. I authorize a criminal conviction record check. This release removes all liability in the criminal conviction record review & verification process.

Printed Name \_\_\_\_\_

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