

INSTRUCTIONS

Please type or print clearly in ink

SECTIONS A & B: Agency Information

Applicant does not complete any information in Section A or B. This is for Eastside Heritage Center information only.

SECTION C: Applicant Information

For our search purposes, please provide as much information as possible. Name and date of birth are mandatory. Social security number is not required.

SECTION D: Applicant Information

Please type or clearly print name and address of applicant of inquiry. A legible inked right thumb print is optional; however, if submitted, it will be used for positive verification.

CHILD AND ADULT ABUSE INFORMATION DISCLOSURE STATEMENT

Please be sure to complete this form as well (last page).

Response limited to convictions of crimes against children or other persons, dependency proceedings, abuse of vulnerable adults, and DOL disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision. The business or organization shall use this record only in making the initial employment/volunteer or engagement decision. Further dissemination or use of the record is prohibited. A business or organization violating this subsection is subject to a civil action for damages.

FEES: NO PAYMENT NECESSARY

ADDITIONAL INFORMATION: If submitting an applicant fingerprint card, this form is not required.

PLEASE MAIL ENTIRE COMPLETED FORM TO:

Eastside Heritage Center
PO Box 40535
Bellevue, W A 98015

FOR FURTHER INFORMATION, PLEASE CONTACT US AT (425) 450-1049.

This lower portion sent by Requesting Agency to the Applicant

This identification certificate is the result *of* a request for criminal conviction record information from the Washington State Patrol Identification and Criminal History Section on a prospective applicant by a business or organization. Pursuant to the Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.845, if the conviction record, disciplinary board final decision, or civil adjudication record shows no evidence *of* a crime against children or other persons, an identification declaring the showing *of* no evidence shall be issued to the applicant.

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)

<div style="border: 1px solid black; padding: 5px;"> <p>A REQUESTING AGENCY/ADDRESS</p> <p>Agency <u>Eastside Heritage Center</u></p> <p>Attn <u>EHC Volunteer Coordinator</u></p> <p>Address <u>PO Box 40535</u></p> <p>City/State/Zip <u>Bellevue, WA 98015</u></p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____ Authorized Signature Date</p> <p>_____ Title Area Code/Phone Number</p> </div> </div>	<div style="border: 1px solid black; padding: 5px;"> <p>B PURPOSE 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 & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>NO FEE NECESSARY</p> </div>
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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

Social Security Number: N/A Driver's Lie. Number/State: _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

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.

Eastside Heritage Center

 Requesting Agency

 Applicant's Signature

 Applicant Right Thumb Print (Optional)

 Applicant's Name

 Address

 City/State/Zip

Applicant Right Thumb Print (Optional)

CHILD AND ADULT ABUSE INFORMATION DISCLOSURE STATEMENT

State law (RW 43.43) provides that the City of Bellevue must require applicants for City jobs and volunteer positions to provide certain information to the City prior to employment or involvement with the City. This information will be kept confidential.

Please disclose the following:

1. Have you ever been convicted of a crime against persons? YES _____ NO _____

(For purposes of this section, crimes against person means the conviction of any of the following offenses: aggravated murder, first or second or third degree assault, first, second or third degree rape, first second or third degree statutory rape, first, second or third degree robbery, first degree arson, first degree burglary, first or second degree manslaughter, first or second degree extortion, indecent liberties, incest, vehicular homicide, first degree promotion prostitution, communication with a minor, unlawful imprisonment, simple assault, sexual exploitation of minors, first or second degree mistreatment, or any of these crimes as they may be renamed in the future.)

2. Have you been found in a dependency action under RCW 13.34.030 (2) (b) to have sexually assaulted or exploited any minor or to have physically abused any minor? YES _____ NO _____

3. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused, exploited, or to have physically abused any minor? YES _____ NO _____

4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor? YES _____ NO _____

(For purposes of this section, a disciplinary board final decision means any final decision issued by the disciplinary board or the Director of the Department of Licensing for the following businesses or professions: Chiropractic, dentistry, dental hygiene, drugless healing, massage, midwifery, osteopathic, physical therapy, physician, practical nursing, registered nursing, psychology; and real estate brokers and salesman).

If your answer is yes to any of the above questions, provide the date and location of all such findings.

FINDINGS	DATE	CITY & STATE

NOTICE: The information you have provided will be processed through the Washington State Patrol Criminal Identification Unit for a Records Examination to determine if you have any convictions of offenses against persons adjudications or child abuse in civil actions or disciplinary board final decisions.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am given a volunteer assignment, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am assigned, my position is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signature:

Name (Print)

Multiple Sites

Location/Program Area to volunteer

Date