

VOLUNTEER DISCLOSURE APPLICATION

WAHSET



Thank you for your interest in becoming a volunteer with the *Washington State High School Equestrian Teams*. Volunteers are a vital part of our equestrian program. Please complete the volunteer disclosure form below. All volunteers must receive clearance through the Washington Access to Criminal History (WATCH). The following questions are pursuant to RCW 43.43.830 Child and Adult Information Act.

SECTION I – PERSONAL INFORMATION

NAME _____

Last

First

Middle

Date of Birth _____ Male/Female

Month/day/year

Mailing Address _____ City _____ Zip _____

Telephone # _____

Please list all former names by which you are known to reference: _____

Please list one personal reference: Name: _____ Phone _____

SECTION II – CRIMINAL HISTORY

Yes/No 1. Have you ever been convicted of any crime?

Yes/No 2. Have findings been made against you in any civil adjudicative proceeding?

Yes/No 3. Have you ever been convicted of a crime relating to sexual abuse, exploitation or physical abuse?

SECTION III – CRIMES RELATING TO DRUGS AND FINANCIAL EXPLOITATION

Yes/No 1. Have you been convicted of a crime to manufacture, deliver, or possession with an intent to manufacture or deliver a controlled substance?

Yes/No 2. Have you ever been convicted of a crime relating to financial exploitation including a conviction for first, second, or third degree extortion; first, second, or third degree theft; robbery; forgery?

If you answered “yes” to any questions in sections II, or III, please attach a supplemental sheet with a short explanation.

DECLARATION

I, _____, certify (or declare) under the penalty of perjury under the laws of the State of Washington that the foregoing and all information included in the application is true and correct. If the information provided or answer(s) to any question on the Volunteer Background Questionnaire change, I understand that I must immediately notify the *State Chairman of the Washington State High School Equestrian Teams*. I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, failure to update this background questionnaire, and/or lack of completion of this form can be grounds for denial of a volunteer assignment.

Signature

Date

Please list all high schools or your position in which you will be volunteering for:

<p>For Office Use Only: Date of Receipt of Application: _____ Date Processed thru WATCH: _____ Results of Background Check through WATCH: _____ Actions Taken: _____</p>
