

In accordance with Chapter 43.43 RCW, prospective volunteers are required to complete this disclosure form. In addition, prospective volunteers are required to complete the attached Washington State Patrol Criminal Background Form for disclosure of any application charges or findings.

APPLICANT DISCLOSURE FORM PURSUANT TO CHAPTER 43.43 RCW

Answer YES or NO to each of the listed items. If the answer is YES to any of the items, please explain in the area provided, indicating the charge or finding, the date and the court(s) involved.

1) Have you been convicted of any crimes against persons? Yes No
If yes, please explain:

2) Have you been found in any dependency action under RCW 12.34.030 (2) to have sexually assaulted or exploited any minor or to have physically abused any minor? If yes, please explain: Yes No

3) Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually assaulted or exploited any minor or to have physically abused any minor? If yes, please explain: Yes No

4) Have you been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor? If yes, please explain: Yes No

I have read the information contained herein and pursuant to RCW 9a. 72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I authorize Ocean Beach School District to inquire with references, if required, and obtain any and all information regarding the volunteer assignment. I further authorize any person contracted by the Ocean Beach School District to provide information to Ocean Beach School District. I release and hold harmless Ocean Beach School District and my references from any and all liability in obtaining or disclosing such information. I agree that the Ocean Beach School District may, at its discretion, preclude me from volunteer service if among other reasons, I provide misleading or incomplete statements.

Applicant Signature _____ Date _____

WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<http://watch.wsp.wa.gov>



NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

A SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

B REQUESTOR INFORMATION: (Please type or print clearly)

DATE: ____/____/____ Dawna Sundberg _____
Mo. Day Yr. (print) Name/Title of Requestor Requestor's Signature

Provide e-mail to receive background results electronically. Phone No. (360) 642-3739

dawna.sundberg@oceanbeachschools.org _____
E-mail address Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

Ocean Beach School District 101 _____

Name
500 Washington Ave S/PO Box 778 _____

Address
Long Beach WA 98631 _____

City State ZIP Code

Subject's Right Thumb Print (Optional)