

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

<p>(A) REQUESTING AGENCY/ADDRESS</p> <p>Agency _____</p> <p>Attn _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <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>	<p>(B) PURPOSE Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request (available by mail only). There is an additional \$5.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
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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

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

(D) WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

WSP Use Only

Applicant Right Thumb Print (Optional)

Academy of Children's Theatre

Volunteer Disclosure Statement

Please answer YES or NO to each listed item:

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

Answer:

2. Have you ever been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?

Answer:

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

Answer:

4. 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 physically abused any minor?

Answer:

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

Answer:

6. Have you ever been found in 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?

Answer:

7. Have you ever been found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?

Answer:

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. In consideration of the Academy of Children's Theatre's review of this statement, I release the Academy of Children's Theatre and all providers of information from any liability as a result of furnishing and receiving any of the foregoing information.

Volunteer Signature

DATE