

VOLUNTEER BACKGROUND CHECK AUTHORIZATION, RELEASE AND DISCLOSURE STATEMENT
As Required by RCW 43.43.834(1)

AUTHORIZATION AND RELEASE

By signing this Volunteer Background Check Authorization, Release and Disclosure Statement, I hereby AUTHORIZE Jefferson County to inquire into my driving, criminal and general employability history. I also AUTHORIZE individuals, former employers, my present employer, educational institutions, military services and law enforcement agencies to provide information about me. I understand such inquiry is not limited to, but may include, a Washington State Patrol background check. I also understand the successful completion of a background check is a condition of my volunteering with Jefferson County. Information obtained will not be released except to employees and officials of Jefferson County whose responsibilities require access the information provided or as I may additionally authorize in writing. Requests for copies of this form may be provided to persons from whom information about me is requested.

I RELEASE and hold harmless Jefferson County and any person, acting pursuant to this Volunteer Background Check Authorization, Release and Disclosure Statement.

DISCLOSURE STATEMENT

Have you ever been convicted of a crime? Yes, list below No

Have you ever had findings made against you in a judicial or administrative proceeding of domestic violence, abuse, sexual abuse, neglect, abandonment, violation of a professional licensing standard regarding a child or vulnerable adult, or exploitation or financial exploitation of a child or vulnerable adult under any provision of law?

Yes, list below No

Information obtained will be forwarded to you at the address you provide to Jefferson County.

Print Name – First, Middle, Last

Date of Birth

Address
License

Washington State Driver's

City State Zip

Social Security Number

Phone Number

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Signed at _____ (city), Washington on _____ (date).

Volunteer Signature

Print Name

PERMISSION for youth under 18 years of age:

_____ has my permission to accept an assignment as a volunteer for Jefferson County. I acknowledge that there may be risks in the volunteer assignment and will contact the County Volunteer Coordinator to learn more about the risks and answer any questions.

Signature of Parent/Guardian: _____ Date: _____

WITNESS

I, the below signed employee of Jefferson County, acting in my official capacity, witnessed the above names individual sign this Volunteer Background Check Authorization, Release and Disclosure Statement.

Date

Signature