

Pullman Community Council on Aging



WASHINGTON STATE PATROL BACKGROUND CHECK

Updated 2/27/2017

Pursuant to Revised Code of Washington (RCW) 43.43.830 – 845, businesses or organizations providing services to children, developmentally disabled persons, and vulnerable adults need adequate information to determine which employees or licensees to hire (or engage as volunteers). Pullman Community Council on Aging therefore needs to conduct background checks on all Meals on Wheels volunteers. As such, this form is your authorization for us to conduct a Washington State Patrol background check on you. This background check does not cover minor offenses such as traffic tickets, etc. but is limited to searching for severe offenses of record and is intended as protection for both you and the Meals on Wheels clients.

PRINT VERY CLEARLY

Applicant's Name: _____
First Middle Last

Date of Birth: Mo: _____ Day: _____ Yr of Birth: _____ Sex: _____
> NOTE: Volunteers under age 18 do not need a background check <

Church or Group Affiliation: _____
(Local church or group with which you are volunteering for Meals on Wheels)

I hereby declare that I have not been:

- a. convicted of any crime against children or other persons;
- b. convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
- c. convicted of crimes related to drugs as defined in RCW 43.43.830;
- d. 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;
- e. found by a court in a domestic relation proceeding under title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;
- f. 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;
- g. found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct and authorize the Council on Aging & Human Services or the Pullman Community Council on Aging to perform this criminal background check.

Applicant Signature _____ **Date** _____

This request is made pursuant to and only for the purpose indicated.

***Volunteers must complete BOTH this form
AND the Confidentiality Statement Form.***