

Washington State Patrol Criminal Background Check

The Hope Center shall use this record only for the purpose for processing the individual request for the exception to WAC 478120020(3)(f) Further dissemination of the record outside the review process is prohibited without written permission from the applicant.

Instructions

1. You must complete all items in this section. Type or print clearly in ink.
2. You must attach copies of your current valid state driver's license.

APPLICANT OF INQUIRY

Applicant's Name: _____

Last /First/ Middle: _____

Alias/Maiden Name: _____

Date of Birth: _____ Drivers Lic #/State: _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050

I declare that the above information is true and accurate. I grant the Hope Center permission to conduct a criminal history background check using the above information. I understand that consideration for my request for exception to WAC 478124023(3)(f) is contingent upon the accuracy of the above information and my following all laws and all policies and procedures established by Hope Center.

Signature: _____ Date: _____

Criminal History Information Supplement-Self Disclosure Form and Authorization for Criminal Background Checks and Dissemination of Results Criminal History Information Supplement

Name: (Last /First/ MI) _____

Social Security Number: _____ Date of Birth: _____

Have you been arrested or criminally cited? If yes, specify:

Have you ever been convicted of any crime against children or other persons? If yes, specify.

RCW 43.43.830 (5) "Crime against children or other persons" means a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree assault of a child; first, second or third degree rape; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any other crimes as they may be renamed in the future."

I certify, under the penalty of perjury, that the statements above are true and correct.

Signature: _____ Date: _____

Applications for Criminal background check release form Certification Concerning Criminal History outside the State of Washington

I certify, under the penalty of perjury that I have not been convicted of any of the above listed crimes or had findings against me concerning the above listed proceedings outside the State of Washington.

Signature: _____ Date: _____

If you cannot so certify, please specify why not:

Authorization for Criminal Background Checks and Dissemination of Results I authorize background checks and dissemination of my self-disclosure information, background check results, and conviction records whether in or outside the state of Washington, as deemed necessary by the Hope Center. I understand that the Hope Center will provide the records listed above only with the condition that the receiving party or parties will be notified by the Center that they may not disclose the information to other parties, in a personally identifiable form, without my further consent, unless the other parties are otherwise eligible under federal or state law to receive the records. I further understand that any statements that I have placed in my records commenting on contested information contained in the records listed above will be released along with the records to which they relate.

Signature: _____ Date: _____

Dissemination of Self-Disclosure Information, Background Check Results, and Conviction Records

These records are provided to you pursuant to the above release signed by _____ (name) with the understanding and on condition that, you not release these records to any other person or institution or entity without the further consent of _____ (name).