



# Criminal Records Check Consent Form

**Please Print The Following Information In Ink.** (List all other names used - aliases, maiden name, and any other previous names)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Other names you are known by \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street City State Zip Code

Please list all other states in which you have lived in the past three years \_\_\_\_\_

Pursuant to the requirements of RCW 43.43.830-840, Camp Fire must ask you if you have ever been convicted (including a plea of guilty or nolo contendere) of any of the following crimes against children or other persons at any time in the past. This information will be kept confidential.

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated Murder	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Exploitation of Minors
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Murder	<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse or Neglect as Defined in RCW 26.44.020
<input type="checkbox"/>	<input type="checkbox"/>	Communication with a Minor	<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Custodial Interference
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	Selling or Distributing Erotic Material to a Minor
<input type="checkbox"/>	<input type="checkbox"/>	First Degree Arson	<input type="checkbox"/>	<input type="checkbox"/>	Malicious Harassment
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Assault	<input type="checkbox"/>	<input type="checkbox"/>	Custodial Assault
<input type="checkbox"/>	<input type="checkbox"/>	First Degree Burglary	<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Child Molestation
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Rape	<input type="checkbox"/>	<input type="checkbox"/>	Child Buying or Selling
<input type="checkbox"/>	<input type="checkbox"/>	Indecent Liberties	<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Sexual Misconduct with a Minor
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Rape of a Child	<input type="checkbox"/>	<input type="checkbox"/>	First Degree Promoting Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	Incest	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a Juvenile Prostitute
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Robbery	<input type="checkbox"/>	<input type="checkbox"/>	Child Abandonment
<input type="checkbox"/>	<input type="checkbox"/>	Vehicular Homicide	<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Assault of a Child
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Felony Indecent Exposure
<input type="checkbox"/>	<input type="checkbox"/>	Unlawful Imprisonment	<input type="checkbox"/>	<input type="checkbox"/>	Promoting Pornography
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Extortion	<input type="checkbox"/>	<input type="checkbox"/>	Violation of Child Abuse Restraining Order
<input type="checkbox"/>	<input type="checkbox"/>	Simple Assault	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Criminal Mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	Or Any of These Crimes as They May Have Been Renamed

If your answer is YES to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

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Have you ever been convicted of any of the following crimes related to financial exploitation of a person 60 years of age or older, who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Extortion	<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Theft
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Robbery	<input type="checkbox"/>	<input type="checkbox"/>	Forgery
<input type="checkbox"/>	<input type="checkbox"/>	Or Any of These Crimes As They May Have Been Renamed			

If your answer is YES to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

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Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?

Yes  No

Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor?

Yes  No

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?

Yes  No

Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital?

Yes  No

Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital?

Yes  No

If your answer is YES to any of the five questions above, please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed.

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Has your name been placed on a registry of child or adult abuse in this or any state?  Yes  No

Have you been found to have sexually abused or exploited or physically abused any child or adult:

In any court action or proceedings?  Yes  No

By a professional disciplinary board or the Department of Licensing?  Yes  No

Have you been denied a license to care for children or adults?  Yes  No

Have you had a license to care for children or adults suspended or revoked?  Yes  No

Have you had a DSHS contract terminated?  Yes  No

Camp Fire will process background checks based on the information you filled out here and on the employment application. If you are hired before these reports are available, **your employment will be conditioned upon the receipt of a satisfactory report.**

You will be notified of the results of the background checks within fifteen days after we have received the reports. We will make a copy of the reports available to you upon request.

I have made no willful misrepresentations, omissions, or falsifications of any of the preceding answers. I am aware that should investigation disclose such misrepresentation, falsifications, or omissions in the information I have submitted, my potential employment opportunities with Central Puget Sound Council of Camp Fire can be immediately rejected.

Signature

Date

**FOR OFFICE USE:**

WA State Check Date: \_\_\_\_\_ By: \_\_\_\_\_ File Opened:  Yes  No

Arrest Record Found:  Yes  No

Openonline Check Date:: \_\_\_\_\_ By: \_\_\_\_\_ File Opened:  Yes  No

Arrest Record Found:  Yes  No

Out of State Check Date: \_\_\_\_\_ By: \_\_\_\_\_ File Opened:  Yes  No

Arrest Record Found:  Yes  No

Sex Offender Check Date: \_\_\_\_\_ By: \_\_\_\_\_ [  ] Yes [  ] No

Department or Supervisor: \_\_\_\_\_



A United Way Agency

