



Lower Columbia CAP, 1526 Commerce Ave., Longview WA 98632
360-425-3430 * Toll Free 1-800-383-2101

For use by the Volunteer Center for Cowlitz-Wahkiakum ONLY

CRIMINAL BACKGROUND DISCLOSURE & INQUIRY

Applicant Information: Please Print Legibly

Last Name _____ First Name _____ Middle Name _____
 Birth Name (Last) _____ (First) _____ (Middle) _____
 Other Married Name(s) _____
 Nickname(s) and/or Other Name(s) _____
 Date of Birth _____ Gender: ___ Female ___ Male Race _____
 Driver's License # _____ State: _____

The *Volunteer Center for Cowlitz-Wahkiakum* enrollment process includes this background check and photo identification. Organizations requesting volunteers can feel assured that individuals assigned by the VCCW have been appropriately screened to qualify them for basic volunteer activities. Your authorization permits the VCCW to repeat the background check at any time. Expanded background checks may be required to qualify for volunteer activities where the safety/security of children, elderly, disabled, or sensitive materials is involved. A separate driver abstract report will be required for volunteer activities that require driving.

Answer All Disclosure Questions Below:

No Yes Have you ever been found to have neglected or sexually abused or exploited any minor or adult person by a court, state licensing board, disciplinary board or dependency actions?

If yes, give details including years: _____

No Yes Has a court issued an order of protection against you for abuse or exploitation?

If yes, give details: _____

No Yes Has it be determined by any state agency or department that you have abused, neglected or exploited anyone?

If yes, give details: _____

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

If yes, give the following details: License Type: _____
Licensing Agency _____ State _____

No Yes Have you ever been convicted of or have charges pending for ANY crime?

If yes, give the following details: Date/Court Date: _____
Conviction/Crime _____ Degree _____

How long have you lived in Washington State? _____ years _____ months

Prior residence if resided in Washington State less than one (1) year _____

I understand that if any of the information provided above is found to be false, it may result in the denial of my application for the Volunteer Center for Cowlitz-Wahkiakum

I certify that the above information is true and correct. My signature below authorizes Lower Columbia CAP to obtain conviction and pending charges records from the Washington State Patrol and other states; and, to obtain from Washington and other states, licensing information and any determination or finding of abuse, neglect, or exploitation. I understand that the results of this background check will be used during evaluation of my volunteer application.

Signature of Applicant: _____ **Date Signed:** _____