

WASHINGTON STATE UNIVERSITY
COOPERATIVE EXTENSION
VOLUNTEER APPLICATION FORM
**(To be completed by all potential
volunteers)** PART B

Name: _____
(First) (Middle) (Last)

(Former Name (s)) (Legal or Preferred Name (s))

Date of Birth (MM/DD/YY)

e-mail Address

Driver's License Number

BACKGROUND DISCLOSURE

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court (s) involved.

1. Convicted of any crime against children or other persons.
ANSWER _____ IF YES, EXPLAIN BELOW:

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult.
ANSWER _____ IF YES, EXPLAIN BELOW:

3. Convicted of crimes related to drugs as defined in RCW 43.43.830.
ANSWER _____ IF YES, EXPLAIN BELOW:

4. 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.
ANSWER _____ IF YES, EXPLAIN BELOW:

5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor.
ANSWER _____ IF YES, EXPLAIN BELOW:

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6. 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. ANSWER _____ IF YES, EXPLAIN BELOW:

7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.
ANSWER _____ IF YES, EXPLAIN BELOW:

Please note: A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

PERSONAL REFERENCES

References: List non-family members with knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses and phone numbers.

Name: _____
Relationship Home Phone Work Phone Email

Address: _____
(Street) (City) (State) (Zip)

Name: _____
Relationship Home Phone Work Phone Email

Address: _____
(Street) (City) (State) (Zip)

Name: _____
Relationship Home Phone Work Phone Email

Address: _____
(Street) (City) (State) (Zip)

I authorize the contact of listed references and understand a criminal background check will be completed prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Washington State University Cooperative Extension. I understand that I serve at the pleasure of the Washington State University Cooperative Extension and agree to abide by the policies of Washington State University Cooperative Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: _____ Date: _____

Please return the application at your earliest convenience and contact us if you have any questions or wish further information. Thank you!

If anything in this application changes, please notify the Clallam County WSU Cooperative Extension office at 417-2398.