



## **Ronald McDonald House**

Charities of Western Washington & Alaska

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Dear Prospective Volunteer:

The Ronald McDonald House Charities of Western Washington volunteers are special to us. We appreciate your wanting to share your time and experience with our staff and families and we know you are committed to safeguarding our families and children.

Chapter 486, Laws of Washington 1987, requires background checks on all people who volunteer to work with children and developmentally disabled people. To be considered for a volunteer assignment you must complete the attached Volunteer Disclosure Statement and the Washington State Patrol form. A background inquiry will be made to the Washington State Patrol or to other state or federal law enforcement agencies. Any information resulting from those inquiries will be held in confidence and used only for the purpose of determining your involvement as a volunteer.

Thank you for your interest.

Sincerely,

Judy Adams  
Volunteer Coordinator

# Ronald McDonald House

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## Volunteer Disclosure Statement

Pursuant to the requirements of 1987 Washington Laws Chapter 486, we must ask you to complete the following disclosure statement. This information will be kept confidential.

**Have you ever been convicted of any of the following crimes against children or other persons?**

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated murder	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> degree promoting prostitution
<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> or 2 <sup>nd</sup> degree murder	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> degree arson
<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> or 2 <sup>nd</sup> degree kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	indecent liberties
<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> degree assault	<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> degree rape	<input type="checkbox"/>	<input type="checkbox"/>	Vehicular homicide
<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> degree rape of child	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> or 2 <sup>nd</sup> degree robbery or forgery	<input type="checkbox"/>	<input type="checkbox"/>	Simple assault
<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> or 2 <sup>nd</sup> degree manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation of minors
<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> or 2 <sup>nd</sup> degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> or 2 <sup>nd</sup> degree criminal mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	malicious harassment
<input type="checkbox"/>	<input type="checkbox"/>	Child abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> degree child molestation
<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> or 2 <sup>nd</sup> degree sexual misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic material to a minor	<input type="checkbox"/>	<input type="checkbox"/>	Child abandonment
<input type="checkbox"/>	<input type="checkbox"/>	Communication with a minor	<input type="checkbox"/>	<input type="checkbox"/>	Promoting pornography
<input type="checkbox"/>	<input type="checkbox"/>	Custodial assault	<input type="checkbox"/>	<input type="checkbox"/>	patronizing a juvenile prostitute
<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> degree burglary	<input type="checkbox"/>	<input type="checkbox"/>	Violation of Child Abuse Restraining Order
<input type="checkbox"/>	<input type="checkbox"/>	Crimes relating to drugs	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> degree theft

Yes     No    **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:

1. Have you ever been found in a dependency action to have sexually assaulted or exploited a minor or to have physically abused a minor?       YES       NO

2. Have you ever been found in a court in a domestic relation proceeding to have sexually assaulted or exploited a minor or to have physically abused a minor?  **YES**  **NO**

3. Have you ever been found in a disciplinary board final decision to have sexually assaulted or exploited a minor or to have physically abused a minor?  **YES**  **NO**

4. 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, or who has a functional, mental or physical inability to care for her or himself, or who is a patient in a state hospital?  **YES**  **NO**

5. Have you ever been found by a court in a protection proceeding under Chapter 74.24 RCW to have abused or financially exploited any person 60 years of age or older, or who has a functional, mental or physical inability to care for her or himself, or who is a patient in a state hospital?  **YES**  **NO**

If you answered “**YES**” to any of the previous questions, please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed.

Under Penalty of Perjury, I certify that the above information is true, correct and complete. I understand that being able to volunteer is contingent upon receipt of a satisfactory report from Washington State Patrol. I also understand that I can be discharged for any misrepresentation or omission in the above statements.

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_



WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633
Olympia WA 98504-2633
(360) 705-5100

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING CONVICTION CRIMINAL HISTORY RECORD INFORMATION FROM THE WASHINGTON STATE PATROL IDENTIFICATION AND CRIMINAL HISTORY SECTION.

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Subject may be advised of inquiry.

A SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: Last First Middle

Alias/Maiden Name:

Date of Birth: Month/Day/Year Sex: Race:

Drivers Lic. Number/State /

B REQUESTER INFORMATION: (Please type or print clearly)

DATE: Mo. Day Yr. Judy Adams, Manager of Volunteer Services (print) Name/Title of Requester

PHONE No. ( 206 ) 838-0606 Requester's Signature

REQUESTER'S ADDRESS: (type or clearly stamp address)

Ronald McDonald House Charities of Western Washington

Requesting Agency Address City State ZIP Code 5130 40th Ave. NE Seattle WA 98105

Right Thumb Print (Optional)

Empty box for Right Thumb Print (Optional)