



Master Gardener Program

Criminal History Disclosure Form

Background Disclosure—this information is required of ALL potential and current volunteers in WSU Extension Programs and is kept confidential and in a locked cabinet in the local Extension Office.

Name:

Form with fields for Name (First, Middle, Last, Maiden), Former Names, Legal or Preferred Name(s), Date of Birth (MM/DD/YY), and Driver's License Number/State.

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

Have you ever been convicted of a misdemeanor or a felony?

Yes No If yes, please give date, nature, and disposition of offense.

Has anyone living at your residence been convicted of a misdemeanor or a felony?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been convicted of any crime against children or other persons?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been convicted of crimes related to drugs as defined in RCW 43.43.830?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been found in any dependency action under RCW 12.34.030 to have sexually assaulted or exploited any minor or to have physically abused any minor?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been 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?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been found in any final 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?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

Yes No If yes, please give date, nature, and disposition of offense.

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 who have 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	E-mail
Address:			
Street	City	State	Zip

Name:

Relationship	Home Phone	Work Phone	E-mail
Address:			
Street	City	State	Zip

I authorize the contact of listed references and understand that 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 Extension. I understand that I serve at the pleasure of the Washington State University Extension and agree to abide by the policies of Washington State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant signature: _____

Date: _____

After completion, please return this form to the WSU Lewis County Master Gardener Program, 351 NW North Street, Chehalis WA 98532. If you have any questions, please contact Program Coordinator, Debbie Burris, at (360) 740-1212 or e-mail: debbie.burris@lewiscountywa.gov

FOR OFFICE USE ONLY

Screened by _____ Date _____

No record found Record reviewed and approved by _____