Disclosure Statement for Criminal Background Check
To be completed by volunteers
for the Winter Hospitality Overflow (WHO) program

In order to participate in the W.H.O. program, each volunteer must fill out the information below and sign where indicated. By signing this form you are giving the W.H.O. program permission to run a criminal background check.

Legal Name (please print): _____
First Middle Last

Alias and/or Maiden Name: _____

Date of Birth: _____
Month/Day/Year (required)

Group/Organization: _____

Have you ever been convicted of the following:
(*please check box if answer is, "yes")*

- ☐ any crime against children or other persons
- ☐ any felonies

*NOTE: checking above does not automatically exclude you from volunteering.

Have you ever been found:
(*please check box if answer is, "*yes"):

- ☐ to have sexually assaulted or exploited any minor or to have physically abused any minor;
- ☐ by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor;
- ☐ 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.

Under the penalty of perjury, I certify the above facts to be true.
By signing, I give the W.H.O. program permission to run a criminal background check on myself.

Signature: _____ Date: _____

Phone:(____)_____ Email:_____

Group/Organization: _____

Email filled out form to whoprogram@gmail.com questions call Lynn Johnson (360) 200-8757