WHO Program Volunteer Application & Disclosure Statement for
Criminal Background Check

To be completed by volunteers

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

Legal Name (please print): _____
First Middle Last

Alias and/or Maiden Name: _____

Date of Birth: _____ Gender: ☐ Female ☐ Male
Month/Day/Year (required)

Group/Organization: _____

☐ I am serving as an individual volunteer and my time is not connected to a church or group.

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

- ☐ Any crimes 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 relation 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: _____

(If Under 18) Parent Signature: _____ Date: _____

Phone: (_____) _____ Email: _____

Group/Organization: _____

Email completed form to whoprogram@gmail.com

Background checks are issued for all WHO volunteers through the Washington State Patrol; a copy of the background check is available upon request after the volunteer application is processed.