



Dear Volunteer,

Thank you for signing up to chaperone at University Prep. For the safety and security of our students, we ask that you please fill out the following forms and return them to the Main Office at least one week prior to your scheduled chaperone date. On the Washington State Patrol form, please fill out sections C and D only. All information will be considered private and confidential and will not be shared with outside sources.

Thank you again for giving your time to University Prep.

In accordance with Chapter 43.43 RCW, prospective volunteers are required to complete this disclosure form. In addition, prospective volunteers are required to complete the attached Washington State Patrol Criminal History Background Form for disclosure of any applicable charges of findings.

Applicant Disclosure Form Pursuant to Chapter 43.43 RCW

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

(1) Have you been convicted of any crimes against persons?

Answer _____ If yes, please explain:

(2) Have you been found in any dependency action under RCW 13.34.030 (2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer _____ If yes, please explain:

(3) Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer _____ If yes, please explain:

(4) Have you been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

Answer _____ If yes, please explain:

Pursuant to RCW 9a.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature _____

Date and Place _____

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

<p>A REQUESTING AGENCY/ADDRESS</p> <p>University Prep Agency</p> <p>Debbie Playter Attn</p> <p>8000- 25th Ave NE Address</p> <p>Seattle, WA 98115 City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p><i>Debbie K. Playter</i> Authorized Signature Date</p> <p>Executive Assistant (206) 832-1130 Title Area Code/Phone Number</p>	<p>B PURPOSE Check appropriate box</p> <p><input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
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C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

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

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____
(optional)

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

University Prep
Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

WSP Use Only

Applicant Right Thumb Print (Optional)