

Summer 2015

Camp McCullough
20665 SE 264th St.
Covington, WA 98042
425-432-9470



Youth Staff Application

Due:

Sunday, April 12, 2015

Why work at Camp McCullough?

- Have fun making friends and memories that will last a lifetime
- Learn to be a leader and a servant
- Discover hidden talents
- Live, play, and work with other cool people
- Enjoy great food and fellowship
- Share the love of Christ with others
- Improve your job skills
- Grow in your faith and gain confidence
- Be part of an incredible team
- Work in the great outdoors
- Be a positive role model

Bless others this summer through the ministry of Camp!

Matt Miller *Camp Director*

As part of the body of believers at First Presbyterian Church Tacoma we agree with and accept the affirmation statements of a Confessing Church.

As a Confessing Church we affirm;

1. That Jesus Christ alone is Lord of all and the way of salvation.
2. That Holy Scripture is the triune God's revealed Word, the Church's only infallible rule of faith and life.
3. That God's people are called to holiness in all aspects of life. This includes honoring the sanctity of marriage between a man and a woman, the only relationship within which sexual activity is appropriate.

Camp Job Descriptions ~ Applications **DUE** Sunday, April 12, 2015

The goal of every staff member at Camp McCullough is to "Reflect the Love of Christ" to campers, customers and other staff members with a willing servant's heart.

Please read the following list of job descriptions. Ask the Lord to show you where you can serve this summer.

Kitchen Crew:** Must have completed 6th Grade and have your Food Handler's Permit prior to working at Camp. A Food Handler's Permit may be obtained through the Pierce County Health Department's online course (<http://www.tpchd.org/food/food-worker-card/online-food-worker-card/>). Kitchen staff will set tables, wash the dishes and do some prep work for meals. You work for 1/2 hour before meals and about an hour after each meal. You may rotate duties with craft workers or help with recreation. **

Maintenance Crew:** You sweep and mop the lodge, empty kitchen garbage before and after meals, empty all lodge garbage, check all restrooms for paper goods and sanitation take care of the recycle materials, change light bulbs, catch mice and kill spiders. **

Lifeguard: Must be at least 16 years old and have current First Aid/CPR for Professional Rescuer and Lifeguard certification by Memorial Day. You will answer to the Waterfront Director. In addition to Lifeguarding, you will clean the boats, sweep the beach and other waterfront chores. You will spend several hours a week practicing lifesaving skills and participate in fitness training. You must also be willing to help with camp activities such as First Aid during recreation and lodge set-up. **

Counselors and CIT's: It is your responsibility to "Reflect the love of Christ" to your campers as you encourage, disciple & guide your campers through the day. This includes, but is not limited to, enthusiastically leading/modeling morning & evening cabin devotions, respectfully supervising campers during personal clean-up (hygiene) & cabin clean-up times, practicing punctually with mealtimes, group meetings, wake-up & bedtime routines, participating fully with campers in activities (such as Recreation on the ball field and swimming & boating during Free Time). You will sleep in the cabin with the campers and be on call 24/7. You will attend daily staff meetings before your daily one-hour break. You must be ready to share the Gospel & your personal testimony with your campers. You must request permission from Camp Leadership for any plans you have beyond the set Camp schedule and routine, for instance, Cabin Theme and extra recreational time on the Ball Field or in the lake.

Grounds Keeping: You must be at least 16 years of age. You will help with any maintenance or building projects, clear brush, pressure wash docks and ball courts, lawn upkeep, trail and road maintenance, firewood stacking, raking and weeding. You must be willing to work outdoors in all weather and be physically able to do heavy lifting, use shovels, and other hand tools. You will be under the direction of an adult and need to be able to work on your own. **

**** You sleep in a tent or the tabin and use the blockhouse facilities. You attend daily staff meetings, have a daily quiet time and sit in with campers for the group meetings.**

Camp McCullough Youth Summer Staff Application 2015 Due: 04/12/15

Name: _____ Grade Completed 2015 Spring: _____

Male () Female () Age: _____ Date of Birth: _____/_____/_____ Adult T- Shirt size S M L

Address: _____ Church attending _____

City/State/Zip Code: _____ e-mail _____

PHONE – Primary: (____)_____-_____ cell? work? Secondary: (____)_____-_____ cell? work?

Mother/Guardian: _____ e-mail _____

PHONE – Primary: (____)_____-_____ cell? work? Secondary: (____)_____-_____ cell? work?

Father/Guardian: _____ e-mail _____

PHONE – Primary: (____)_____-_____ cell? work? Secondary: (____)_____-_____ cell? work?

Alternative Emergency Contact: _____ Relationship: _____

PHONE – Primary: (____)_____-_____ cell? work? Secondary: (____)_____-_____ cell? work?

Medical Ins. Co.: _____ Policy #: _____

1. Medical Diet Restrictions: _____

2a. Allergies: _____ 2b. Reaction: _____

3a. Date of Last Tetanus Booster: _____ 3b. Are immunizations current? YES NO

4. Known Diseases or Conditions: _____ Asthma _____ Diabetes _____ ADD/ADHD

Other: _____

5. Current Medications: _____

(Medications must be in the original bottle with pharmacy label stating worker's name and dose ordered by a physician and checked in with camp staff upon arrival.)

- "My son / daughter _____ has permission to take over-the-counter medications

(listed on back) as needed **with the exception of** _____

while attending Camp McCullough.

The following medications are stocked in the office and dispensed as needed: acetaminophen, ibuprofen, antihistamine, throat lozenges, anti-nausea, anti-diarrhea, antibiotic ointment, anti-itch cream, aloe, eyewash and sunscreen.

- My child is in good health and has permission to participate in all activities on or off the grounds **except:** _____
- In case of a medical emergency for my child, I hereby authorize Camp McCullough staff to act in their best judgment to seek medical attention through appropriate means, including ambulance transport and emergency room treatment as deemed appropriate by attending health care personnel. I also accept responsibility for expenses incurred through such treatments.
- I give permission for Camp McCullough to use any photo or video of my family in publications. I release my right to any kind of remuneration for said photos or videos.

Parent/Guardian Signature: _____ Date: _____
(Must be signed by parent/guardian if applicant is under age 18)

I have read and agree with the Statement of Faith and the affirming statements of the Confessing Church. If I am accepted for a summer staff position at Camp McCullough I understand that I am expected to cooperate with the Director and other leaders, to be subject to camp regulations and routines, and to sacrifice personal desires in the interest of the staff and campers. I will serve to the best of my ability in maintaining the high ideals and Christian emphases of Camp McCullough.

Applicant Signature

Date

Please list three adult references, completing all of the information requested:

Name

Phone

Relationship to applicant

Name

Phone

Relationship to applicant

Name

Phone

Relationship to applicant

Be sure to enclose all the white pages:

- ☐ Signed application (parent & applicant)
- ☐ *List of Camp dates & staff positions with applicant's selections checked & circled
- ☐ *Signed Applicant Disclosure Form
- ☐ *Completed, Applicant Questionnaire

Return this application **and * 3 forms** to:

Camp McCullough
Matt Miller, Camp Director
C/O First Presbyterian Church
102 Tacoma Ave So
Tacoma, WA 98402

Applicant Disclosure

Pursuant TO RCW 43.43.834 Child and Adult Abuse Information Act

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

1. Have you ever been convicted of any crimes against children or other persons, as follows: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of a child abuse restraining order; buying or selling prostitution?

ANSWER _____ IF YES, EXPLAIN BELOW

2. Have you ever been convicted of crimes relating to financial exploitation of a vulnerable adult, as follows: first, second, or third degree extortion; first, second, or third degree theft; first or second-degree robbery; Forgery?

ANSWER _____ IF YES, EXPLAIN BELOW

3. Have you ever 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, EXPLAIN BELOW

4. Have you ever been found in any domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER _____ IF YES, EXPLAIN BELOW

5. Have you ever been found 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?

ANSWER _____ IF YES, EXPLAIN BELOW

6. Have you ever been found in any protection proceeding under chapter 74.34 RWC, to have abused or financially exploited a vulnerable adult?

ANSWER _____ IF YES, EXPLAIN BELOW

Pursuant to RWC 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing answers are correct.

Applicant Signature _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Signature of a Witness _____ Date _____

Name _____ Phone (_____)_____

Check these dates with your *parents and have them sign before returning this form!

~ Camp Dates & Positions Available ~

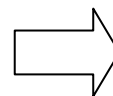
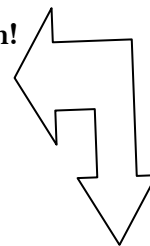
Application **Due** Friday April 12, 2015

My Child is available on these dates..... *Parent Signature _____

At the time we created these applications (March 2015), some of the summer dates were unfilled or we were still waiting for groups to pick dates. Please sign up for dates you are available and we will trust the Lord to fill the dates. Some dates may be used as work weeks.

✓ **Check the box** in front of any dates you are available. *****Circle any positions you are applying for.**

- | | |
|---|---|
| <input type="checkbox"/> May 23-25 | OPEN AT THIS TIME-MEMORIAL DAY WEEKEND
POSITIONS: Lifeguard, Kitchen Crew, Maintenance Crew |
| <input type="checkbox"/> June 22-24 | First Presbyterian Church Beginner Day Camp
POSITIONS: Lifeguard, Kitchen Crew, Counselor, Guide, Music Leaders |
| <input type="checkbox"/> June 25-27 | Maple Valley Presbyterian Day Camp
POSITIONS: Lifeguard, Kitchen Crew, Maintenance Crew |
| <input type="checkbox"/> June 28-July 1 | T.R.A.C. Retreat
POSITIONS: Lifeguard, Kitchen Crew, Maintenance Crew |
| <input type="checkbox"/> July 2-4 | OPEN AT THIS TIME
POSITIONS: Lifeguard, Kitchen Crew, Maintenance Crew |
| <input type="checkbox"/> July 5-8 | New Day Middle School
POSITIONS: Lifeguard, Kitchen Crew, Maintenance Crew |
| <input type="checkbox"/> July 8-11 | T.R.A.C. Retreat
POSITIONS: Lifeguard, Kitchen Crew, Maintenance Crew |
| <input type="checkbox"/> July 12-14 | NW Leadership
POSITIONS: Lifeguard, Kitchen Crew, Maintenance Crew |
| <input type="checkbox"/> July 15-18 | Prosser Community Church Youth (no meals)
POSITIONS: Lifeguard, Kitchen Crew, Maintenance Crew |
| <input type="checkbox"/> July 19-24 | FPC Middle School Camp
POSITIONS: Lifeguard, Counselor, CIT, Kitchen Crew, Maintenance Crew, Music Leader |
| <input type="checkbox"/> July 26-30 | First Presbyterian Church Junior Camp
POSITIONS: Lifeguard, Counselor, CIT, Kitchen Crew, Maintenance Crew, Music Leaders |
| <input type="checkbox"/> July 31-Aug. 2 | Alliance Bible Family Camp (no meals)
POSITIONS: Lifeguard, Maintenance Crew |
| <input type="checkbox"/> August 2-8 | FPC High School Camp
POSITIONS: Lifeguard, Kitchen Crew, Counselor, Maintenance Crew |
| <input type="checkbox"/> August 9-14 | Girl Scouts Day Camp (no meals)
POSITIONS: Lifeguard, Maintenance Crew |



- ☐ August 16-19 **Lights of the World Youth**
POSITIONS: Lifeguard, Kitchen Crew, Maintenance Crew
- ☐ August 19-23 **OPEN AT THIS POINT**
POSITIONS: Lifeguard, Kitchen Crew, Maintenance Crew
- ☐ August 23-24 **OPEN AT THIS POINT**
POSITIONS: Lifeguard, Kitchen Crew, Maintenance Crew
- ☐ August 25-30 **OPEN AT THIS POINT**
POSITIONS: Lifeguard, Kitchen Crew Maintenance Crew

Clean-up Crew: Every staff member is part of the Clean-up Crew! Your job is not done until camp is clean and sanitized after the campers and guests leave. How long does this take??? Depends on how many people are on staff, how fast they work and how much time we have for the turnover. For Camp to survive, we need outside groups to rent Camp. If we don't have a clean facility, groups will not come back. The Clean-up Crew is a vital part of Camp ministry.

To work at Camp McCullough you must be willing to *wholeheartedly* reflect the love of Christ to the staff and campers around you and be willing to do any job for which you are qualified. Every job at Camp is vital to the success of camp. **Working at camp takes sacrifice. You need to be willing to set aside personal friendships for the time at camp and focus on the campers and customers.** All youth workers will turn in cell phones, electronics, medications and car keys. Except for prearranged appointments, you will be expected to stay at camp for the entire time scheduled for that camp.

- ☐ Yes, I will cheerfully do any job for which I am qualified.
- ☐ Yes, I will cheerfully turn in or leave home, my cell phone and any electronic gadgets.
- ☐ Yes, I am ready to "Suit up for Service" and serve our Lord!

Applicant Signature _____ Date _____

Camp McCullough **First Time** only Staff Applicant Questionnaire

This page is only for **new workers**.

Due: Sunday, April 12, 2015

Returning workers need to answer the questions on the returning staff page.

Name _____

(Please attach extra paper if needed.)

1. Why do you want to serve at Camp McCullough this summer?

2. Describe how you came to know Jesus.

3. Read Matt. 20:25–28. How do you see these words of Christ applying to Camp Staff?

4. What are you doing to grow as a Christian?

5. What is your favorite Bible verse or passage? Why?

2015 Camp McCullough **RETURNING STAFF** only Questionnaire

NAME _____

Due: Sunday, April 12, 2015

These questions are for returning staff only. First time workers need to answer the questions on the First Time staff questionnaire. *Use the back or attach more paper if you need more space.*

Q. 1. What did you read in your Bible today and what did God show you during your quiet time with Him?

Q. 2. What is your expectation for your summer at Camp?

Q. 3. What do you think Camp Leadership is expecting of you this summer at Camp?

Q. 4. Think back to the last time you worked at Camp and explain what challenged you most. What was the outcome of this challenge? How did the challenge cause you to grow in Christ?

2015 Camp McCullough **COUNSELING STAFF** only Questionnaire

NAME _____

Due: Sunday, April 12, 2015

These questions are for a Counseling Staff applicant only. First time workers need to answer the questions on the First Time staff questionnaire. *Use the back or attach more paper if you need more space.*

Q. 1. Why do you want to be a Counselor or CIT at Camp McCullough this summer?

Q. 2. How have you grown in your relationship with Christ Jesus this last year?

Q. 3. Describe how you would lead someone to Christ?

Q. 4. Read Philippians 2:5-11. How does this verse relate to your role as a Counselor/CIT?

Q. 5. Describe what it looks like to invest in a camper's life while at Camp?



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (*See instructions*)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div>3-D Barcode Do Not Write In This Space</div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

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

(A) REQUESTING AGENCY/ADDRESS Agency _____ Attn _____ Address _____ City/State/Zip _____ I certify this request is made pursuant to and for the purpose indicated. Authorized Signature _____ Date _____ Title _____ () _____ Area Code/Phone Number	(B) PURPOSE Check appropriate box <input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee <input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's) <input type="checkbox"/> Profit Business/Organization - \$17 <input type="checkbox"/> Adoptive Parent - \$17 <input type="checkbox"/> Receive background results electronically Email address _____ Password _____ (must be at least 8 characters) Fees: Make payable to Washington State Patrol by check, money order, or business account. Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal. _____ Notarized Letter(s)
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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
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.
Requesting Agency _____
Applicant's Signature _____
Applicant's Name _____
Address _____
City/State/Zip _____

CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES



MUST BE SIGNED BY ALL NON-PROFIT ACCOUNT USERS

Fax to (360) 534-2073

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses or organizations. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. **Searches may be conducted only on prospective employees, volunteers, adoptive parents, prospective clients, or resident.** Background checks may be conducted on prospective employees, volunteers, or adoptive parents who will be or may have unsupervised access to children less than sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment decisions only. A prospective client's or resident's conviction record—upon the request of a business or organization that qualifies for exemption under section 501(c)(3) of the internal revenue code of 1986 (26 U.S.C. Sec. 501(c)(3) and that provides emergency shelter or transitional housing for children, persons with developmental disabilities, or vulnerable adults.
2. **Applicants must be notified an inquiry may be made.**
A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer, that an inquiry may be made.
3. **A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.**
A business or organization shall require each applicant to disclose whether the applicant has been:
 - (a) Convicted of a crime;
 - (b) Had findings made against him or her in any civil adjudicative proceeding;
 - (c) Has both a conviction and findings made against him or her.
4. **Applicants must be notified of the response.**
The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

Notes:

- "Business or organization" means a person, business, or organization licensed in this state, any agency of the state, or other governmental entity, that educates, trains, treats, supervises, houses, or provides recreation to developmentally disabled persons, vulnerable adults, or children under sixteen years of age, or that provides child day care, early learning, or early learning childhood education services, including but not limited to public housing authorities, school districts, and educational service districts.
- "Client" or "resident" means a child, person with developmental disabilities, or vulnerable adult applying for housing assistance from a business or organization.
- The business or organization shall use this record only in making the initial employment or engagement decision. Further dissemination or use of the record is prohibited. A business or organization violating this subsection is subject to civil action for damages.
- Responses are limited to **Washington State records only**.

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.

I have read and understand the above **CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES** pursuant to Revised Code of Washington (RCW) 43.43.830-43.43.845.

User Name _____ Account # _____

User Signature _____ Date _____

Reset password? ☐ YES or ☐ NO