

Hands On Children's Museum  
REQUEST FOR CRIMINAL HISTORY INFORMATION  
CHILD/ADULT ABUSE INFORMATION ACT  
RCW 43.43.830 through 43.43.845

Information Request Release Form for:

Hands On Children's Museum

414 Jefferson St. NE

Olympia, WA 98501

(360) 956-0818

APPLICANT OF INQUIRY

Applicant's Name \_\_\_\_\_

Alias/Maiden Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License#/State: \_\_\_\_\_

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

CRIMES AGAINST PERSONS: Murder; Kidnapping; Assault; Assault of a child: Custodial assault; Harassment; Stalking; Reckless endangerment; Coercion; Rape; Rape of a child; Robbery; First degree arson; First degree burglary; Residential burglary; Manslaughter; Extortion; Indecent liberties; Incest; Vehicular homicide; Vehicular assault; Promoting prostitution; Communication with a minor for unlawful purposes; Unlawful imprisonment; Sexual exploitation of minors; Criminal mistreatment; Child abuse or neglect as defined in RCW 26.44.020; Custodial interference; Child molestation; Sexual misconduct with a minor; Patronizing a juvenile prostitute; Child abandonment; Promoting pornography; Selling or distributing erotic material to a minor; Violation of child abuse restraining; Child buying or selling; Prostitution; Felony indecent exposure; etc.

CRIMES AGAINST PROPERTY: Theft of money; Auto theft; Fraud; Perjury; Second degree burglary; Vehicle prowling; Possession of stolen property; Criminal Trespass; Arson; etc.

DRUG-RELATED CRIMES: 'Crimes relating to drugs' means a conviction of a crime to manufacture, deliver, or possession with intent to manufacture or deliver, a controlled substance.

*I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

-----Applicant: DO NOT WRITE BELOW THIS LINE-----

*I certify this request is made pursuant to and for the purpose of obtaining information allowed to employers by the above cited RCW and that this information will be used only for making the decision to hire or allow the applicant to act as a Hands on Children's Museum volunteer, and for no other purpose. If the information supplied below is insufficient to confirm applicant's identity, applicant will be supplied another release form for a more detailed records check.*

Cynthia Hageman, Director of Business  
(name & title)

APPLICATION/ DISCLOSURE STATEMENT

I understand that my position with the Hands On Children's Museum is contingent upon the Hands On Children's Museum's review and approval of a truthfully completed and signed Application / Disclosure Statement and receipt of a report declaring no evidence of criminal history from obtaining a background check using various sources, including but not limited to: National Instant Criminal Background Check System (FBI/NICS), State of Washington WATCH program (WSP, Choice Point, Intellicorp, and/or companies that provide background check services.

I further understand that if I am hired or permitted to volunteer, I may be discharged for any misrepresentation or omission on the Application / Disclosure Statement or the request for Criminal History.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

HAVE YOU EVER BEEN:

- 1. Convicted of any crimes against persons (as defined on the previous page)?  No  Yes
- 2. 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?  No  Yes
- 3. 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?  No  Yes
- 4. Found in any final decisions issued by a disciplinary board (or the director of the Washington State Department of Licensing) to have sexually abused or exploited any minor or to have physically abused any minor?  No  Yes
- 5. Convicted of any crimes against property?  No  Yes
- 6. Convicted of any crimes related to drugs as defined in RCW 43.43.830?  No  Yes

Answering YES to any of the above inquiries will not necessarily disqualify you from being hired or volunteering for the Hands On Children's Museum but will require the Hands On Children's Museum to make further inquiries before you will be permitted to begin your activities on its behalf. You will be requested to complete a REQUEST FOR CRIMINAL HISTORY authorized by the CHILD/ADULT ABUSE INFORMATION ACT. The request will permit the Hands On Children's Museum, pursuant to RCW 43.43.838, to obtain a report of your criminal convictions; disciplinary board final decisions and subsequent criminal charges associated with the disciplinary board's final decision; and the record of civil adjudication pertaining to offenses against children. If there is no such history on record with the Washington State Patrol or Federal Bureau of Investigation, you may, upon request, receive a notice entitled "IDENTIFICATION DECLARING NO EVIDENCE." If there is such a record, we will immediately notify you. The Hands On Children's Museum will use the report only for the purpose of making its decision whether to hire you or to permit you to act as a Hands On Children's Museum volunteer, and for no other purpose.

*I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
Signature Date