



Skagit County's Historic Film, Education & Performing Arts Center
Post Office Box 2312
Mount Vernon Washington 98273
Business Office 360-419-7129 volunteer@lincolnthatre.org
www.lincolnthatre.org

Volunteer Application Form

Please fill out this Application Form and complete and sign the Disclosure Form on the back of this page. You can mail the completed forms to the address above, deliver them to our ticket office or send scanned copies via email to volunteer@lincolnthatre.org.

Name _____ Print on Name Tag (nickname or other name you go by):

Mailing Address _____

City & Zip Code _____ Comments _____

Phone Number _____

Email Address _____ *Email will be our primary method of contact with you.*

For Volunteer Coordinator Use Only

<u>ARTS PEOPLE</u>	<u>SUG</u>	<u>WATCH</u>	<u>NAME TAG</u>

Disclosure Form

In 1987, The Washington State Legislature passed the Child and Adult Abuse Information Act. This law requires that employees and Volunteers hired on or after January 1, 1988, who will or may have unsupervised access to and who will or may be directly responsible for the care, supervision or treatment of children or developmentally disabled persons, must make a written disclosure of certain civil adjudications, convictions, records of crimes against persons and, for licensed personnel, disciplinary board final decisions. Background inquiries on these matters will be made to the appropriate state or federal law enforcement agencies. In compliance with this law, we are required to obtain disclosure statements from newly hired employees and volunteers as outlined above. We keep all information received in the strictest confidence.

Disclosure Statement

Have you ever been convicted of a crime against persons? A crime against persons includes any of the following offenses: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree statutory rape; first or second degree robbery; first degree arson; first or second degree manslaughter; first degree burglary; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promotion prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation or minors; first or second degree criminal mistreatment; or any of these crimes as they may be renamed in the future. Yes No

Have you ever been found in (a) disciplinary action, (b) domestic relations proceeding, or (c) disciplinary board final decision to have sexually assaulted or exploited a minor or to have sexually abused a minor? Yes No

If you answered "Yes", please describe and provide the date(s) of the finding(s) and the penalty (penalties) imposed.

We require your legal name and birth date, plus other optional information, to obtain from the Washington State Patrol Criminal Identification System a report of your record and criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are able to begin work before that report is available, your volunteer status will be conditioned upon the receipt of a satisfactory report. A thumbprint may be required to later verify information received from the Washington State Patrol.

We will be notified of the Washington State Patrol's response within 10 days after they receive the report. We will make a copy of the report available to you upon request. All information will be confidential.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that I can be discharged from volunteering for any misrepresentation or omission in the above statement. I also understand that my volunteer status is conditioned on the receipt of a satisfactory report from the Washington State Patrol.

Signature _____ Date of Birth (MM/DD/YYYY) _____

Print Full Legal Name below (first, middle initial, last) _____ Gender _____

_____ Today's Date _____

Other Names (alias, maiden, etc.) _____