



Camp Fire USA Inland Northwest Council

Voluntary Self Disclosure Statement

Applicant should complete all relevant information and sign and date the form.

I release Camp Fire USA Inland Northwest Council and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Social Security Number: _____ Date of Birth*: ____/____/____

Present Address _____

City _____ State _____ Zip _____ How Long at Present Address? _____

Former Address (1) _____

City _____ State _____ Zip _____ How Long at Former Address? _____

Former Address (2) _____

City _____ State _____ Zip _____ How Long at Former Address? _____

Please list all states of residence since turning age 18: _____

(Please circle any of the following states in which you have lived: CO, DE, HI, LA, MA, SD, VT, WV, WY, MO, OR, RI)

Have you ever been convicted of any of the following crimes related to financial exploitation of a person 60 years of age or older, who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital:

- | | | | | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Yes | No | | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | First, Second, or Third Degree Extortion | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | First or Second Degree Robbery | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Or any of these crimes as they may have been renamed | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

If your answer is YES to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

Pursuant to the requirements of RCW 43.43.830-840, Camp Fire must ask you **if you have ever been convicted (including a plea of nolo contendere)** of any of the following crimes against children or other persons at any time in the past. This information will be kept confidential.

- | | | | | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Yes | No | | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | Aggravated Murder | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | First or Second Degree Murder | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Inappropriate Communication with a Minor | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | First or Second Degree Kidnapping | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | First Degree Arson | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | First, Second, or Third Degree Assault | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | First Degree Burglary | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | First, Second or Third Degree Rape | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Indecent Liberties | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | First, Second, or Third Degree Rape of Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Incest | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | First or Second Degree Robbery | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

*NOTE: Birth date is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. Camp Fire USA Inland Northwest Council abides by all applicable state and federal employment laws.

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicular Homicide | <input type="checkbox"/> | <input type="checkbox"/> | First, Second, or Third Degree Assault of a Child |
| <input type="checkbox"/> | <input type="checkbox"/> | First or Second Degree Manslaughter | <input type="checkbox"/> | <input type="checkbox"/> | Felony Indecent Exposure |
| <input type="checkbox"/> | <input type="checkbox"/> | Unlawful Imprisonment | <input type="checkbox"/> | <input type="checkbox"/> | Promoting Pornography |
| <input type="checkbox"/> | <input type="checkbox"/> | First or Second Degree Extortion | <input type="checkbox"/> | <input type="checkbox"/> | Violation of Child Abuse Restraining Order |
| <input type="checkbox"/> | <input type="checkbox"/> | Simple Assault | <input type="checkbox"/> | <input type="checkbox"/> | Prostitution |
| <input type="checkbox"/> | <input type="checkbox"/> | First or Second Degree Criminal
Mistreatment | <input type="checkbox"/> | <input type="checkbox"/> | Or any of these crimes as they may have been
renamed |

If your answer is YES to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been charged with a felony or act of violence, including domestic violence? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been charged (even with a no contest or charges dropped or pled down) with a sex-related offense, drug-related offense? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently under investigation or facing pending criminal charges in Washington, Idaho or in any other state or country? (Exclude civil infractions, such as minor traffic citations.) A pending criminal charge will not necessarily bar you from employment. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a person 60 years of age or older who has functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital? |

If your answer is YES to any of the above, please describe and provide the date(s) of the investigation/charges/conviction(s) and the sentence(s) imposed.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your name been placed on a registry of child or adult abuse in this or any state? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been found to have sexually abused or exploited or physically abused any child or adult:
In any court action or proceeding? |
| <input type="checkbox"/> | <input type="checkbox"/> | By a professional disciplinary board or the Department of Licensing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been denied a license to care for children or adults? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a license to care for children or adults suspended or revoked? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a DSHS contract terminated? |

I have made no willful misrepresentations, omissions, or falsifications of any of the preceding answers. I am aware that should investigation disclose such misrepresentation, falsifications, or omissions in the information I have submitted, my potential employment opportunities with the Camp Fire USA Inland Northwest Council can be immediately rejected.

Signature _____ Date _____

Parent/Guardian Signature (if under 18 years) _____ Date _____

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