



**RELEASE FOR BACKGROUND/CRIMINAL  
INVESTIGATION**

I authorize the investigation of all matters which the City of Lacey deems relevant to my qualifications to volunteer for the City. I authorize the City to request and receive such information, including a check for criminal convictions, and I release from liability any persons (such as former supervisors) or employers supplying it. I also release the City from all liability, which might result from making the investigation.

_____	_____	_____	_____
Last Name	First Name	Middle Name	Former Name(s)
_____		_____	
Date of Birth		Social Security Number	
_____	_____	_____	
Driver's License Number	State	Expiration Date	

**CRIMINAL CONVICTIONS:** Conviction of a crime is not an automatic bar to volunteer. The City will investigate only criminal convictions that relate to your fitness to perform the work for which you are volunteering. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the work for which you have volunteered will be considered.

Have you been convicted of a crime or released from prison within the last ten (10) years? Yes ( ) No ( )

If yes, please explain: \_\_\_\_\_

If position applied for involves driving, have you ever been convicted, pleaded nolo contendere, or paid a fine for any traffic violations in the past three (3) years? Yes ( ) No ( )

If yes, please explain: \_\_\_\_\_

I have read and understand the above statements and do hereby certify, that my responses to the questions are true and correct to the best of my knowledge.

Signature _____	Date _____
Witness _____	Date _____

**The above information will remain confidential and separate from your application.  
You may request the results of your background investigation by contacting the Human Resources  
Department at (360) 491-3214.**



## 834 DISCLOSURE STATEMENT

**If the volunteer position for which you have applied may have unsupervised access to children or to developmentally disabled persons, pursuant to RCW 43.43.834, you are requested to provide the following information:**

**QUESTION:** Have you ever been found by any criminal or civil court, or any disciplinary board final decision or in any final decision of the Director of the Department of Licensing to have sexually assaulted, abused or exploited any minor or have physically abused any minor?

Yes ( )

No ( )

**If your answer to this question is yes, please provide below the details of the conviction or decision, the date of conviction or decision, and the court, board or department in which you were convicted or the decision that was made:**

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**I, the undersigned, understand all statements I make in response to this question are subject to investigation and verification prior to appointment. I further understand the City may make an inquiry to the Washington State Patrol or an equivalent law enforcement agency in order to verify any record for convictions of offenses, adjudications of child abuse in a civil action or disciplinary board final decision.**

**I, do hereby certify, under penalty of perjury, that my responses to this question are true and correct to the best of my knowledge.**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The above information will remain confidential and separate from your application.**