



Silverdale Adult Pee Wee Association  
PO Box 44  
Silverdale WA, 98383

**Silverdale Adult Pee Wee Association (SPWAA)  
DISCLOSURE STATEMENT  
WASHINGTON STATE CHILD/ADULT ABUSE INFORMATION ACT  
(RCW 43.43.830 through 43.43.845)**

I, \_\_\_\_\_ [print full legal name], hereby disclose to SPWAA that I have checked all of the following items which are true about me in the following list:

a. \_\_\_\_ I have never been convicted of any crime against children or other persons as defined in RCW 43.43.480(5). "Crime against children or other persons" means a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; 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; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.

b. \_\_\_\_ I have never been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult as defined in RCW 43.43.480(7). "Crimes relating to financial exploitation" means a conviction for first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future.

c. \_\_\_\_ I have never been convicted of crimes related to drugs as defined in RCW 43.43.830(6). "Crimes relating to drugs" means a conviction of a crime to manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance.

d. \_\_\_\_ I have never been found in any dependency action under RCW 13.13.040 to have sexually assaulted or exploited a minor or have physically abused any minor.

e. \_\_\_\_ I have never been 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.

f. \_\_\_\_ I have never 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.

g. \_\_\_\_ I have never been found by a court in a vulnerable protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult.

Initial \_\_\_\_\_

I disclose the following identifying data to assist SPWAA in conducting a child/adult abuse background check:

Social Security Number: XXX-XX-\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City and State) \_\_\_\_\_

I have used the following other names within the last 10 years (including maiden name):  
\_\_\_\_\_

I have resided in Washington State: \_\_\_\_\_ year's \_\_\_\_\_ months.

Previous States/Countries resided in: \_\_\_\_\_

**If any of the above are not checked additional information is required. Attach supplemental information providing full details. Include any court records.** This does not automatically disqualify you from volunteering. Falsified information may disqualify you from volunteering even if the event alone may not have been disqualifying.

I consent to and understand that SPWAA will make an inquiry with the Washington State Patrol to conduct a child/adult abuse record search through the Washington Access to Criminal History (WATCH) program. Fingerprinting may be required at the discretion of SPWAA.SPWAA reserves the right to conduct other background investigations. I understand that SPWAA will conduct this search for the purpose of protecting children and vulnerable adults within the organization and will notify me of the WSP's response within ten (10) days of receipt of the response. Your volunteer opportunity with SPWAA is contingent upon the background check.

Mailing Address: Street or PO Box \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

I certify and declare under the penalty of perjury of the laws of the state of Washington that the Information provided in this form is true and complete.

I make this declaration on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Washington.

Applicant Signature  
\_\_\_\_\_

Parent/Guardian Signature (if applicant is under 18)      Date

Results: \_\_\_\_\_ Cleared: YES/ NO Date: \_\_\_\_\_ Emailed Results Date: \_\_\_\_\_

I make this declaration on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Washington.

Applicant Signature  
\_\_\_\_\_

Parent/Guardian Signature (if applicant is under 18)      Date

Results: \_\_\_\_\_ Cleared: YES/ NO Date: \_\_\_\_\_ Emailed Results Date: \_\_\_\_\_

I make this declaration on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Washington.

Applicant Signature  
\_\_\_\_\_

Parent/Guardian Signature (if applicant is under 18)      Date

Results: \_\_\_\_\_ Cleared: YES/ NO Date: \_\_\_\_\_ Emailed Results Date: \_\_\_\_\_

*Return this form to the SPWAA Secretary with a copy of applicant's Washington, or other State, Driver's License or other official photo id meeting the following criteria: 1. Display the holders photo; 2. Display an issue date and expiration date; 3. Display the holders full name. Must copy front and back of card. Expires one year from application date. If expiration falls during a sport season than must complete prior to that season. All coaches, assistant coaches, referees, umpires, team moms, parents assisting must resubmit at the beginning of each sport season.*

