

**Request for Criminal History Information Child/Adult Abuse Information Act  
RCW 43.43.830 through 43.43.845**

**Jefferson County Authorization and Release**  
As Required by RCW 43.43.834(1)

**AUTHORIZATION**

I, the below signed, hereby AUTHORIZE Jefferson County to submit a Washington State Patrol "Request for Criminal History Information Child/Adult Abuse Information Act" background check. I also understand the successful completion of a background check is a condition of my volunteering with Jefferson County. Information obtained will not be released except to employee and officials of Jefferson County whose responsibilities require access to it or as I may additionally authorize in writing. This document is subject to the Public Records Act and thus subject to possible release to a third party.

\_\_\_\_\_  
**Print Name** (First, Middle, Last)

Alias/Maiden Name(s) \_\_\_\_\_

**Circle One:**    Male    Female                      **Date of Birth** \_\_\_\_\_

**DISCLOSURE STATEMENT**

Have you ever been convicted of a crime? Or had findings against you in any civil adjudicative proceeding (as defined in RCW 43.43.830 as "domestic violence, abuse, sexual abuse, neglect, abandonment, violation of a professional licensing standard regarding a child or vulnerable adult, or exploitation or financial exploitation of a child or vulnerable adult under any provision of law. . .")?

**Circle one:**    Yes    No    If Yes, list below

\_\_\_\_\_  
\_\_\_\_\_  
**RELEASE**

The undersigned on behalf of themselves and their estate, hereby waives any right of recovery and releases Jefferson County, its officers, officials, employees and agents, from liability arising from any injury, and further agrees and to indemnify, hold harmless and defend the County from and against any and all claims, damages, actions, liability and expenses including reasonable attorney's fees and other professional fees in connection with bodily injury including death, personal injury and/or damage to property arising from or out of the undersigned's activities and participation in volunteer services except for damages arising out of the County's sole negligence.

The undersigned further acknowledges and agrees that the County does not assume any responsibility whatsoever for any property and the Undersigned shall not hold the County liable for any loss or damage to same. Further, the undersigned gives permission to be photographed and to have their image used by Jefferson County for advertising purposes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERMISSION for youth under 18 years of age:**

\_\_\_\_\_ has my permission to accept an assignment as a volunteer for Jefferson County. I acknowledge that there may be risks in the volunteer assignment and will contact the Parks Department to learn more about the risks and answer any questions.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WITNESS**

I, the employee of Jefferson County signing below, acting in my official capacity, witnessed the above named individual sign this Authorization and Release.

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Information obtained from the WSP will be forwarded to you at the address you provided to the County.**