



## Camp STIX Disclosure Statement For Criminal Background Checks

Dear Volunteer Applicant,

In accordance with the *Washington State Criminal History Information Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.845*, Camp STIX Diabetes Programs intends to request a Criminal Background Check on all potential volunteers. Please read all statements and fill in all requested information. Return this form to the camp office. This information is required before a final decision can be made regarding your volunteer work. A copy of the results of this check will be made available to you, upon your request, once it is received from our background check agency.

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Have you ever been:

- |  |          |         |
|--|----------|---------|
| 1) convicted of any crime against children or other persons?   | Yes_____ | No_____ |
| 2) convicted of crimes related to drugs as defined in RCW 43.43.830?   | Yes_____ | No_____ |
| 3) convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?  | Yes_____ | No_____ |
| 4) found in any disciplinary board final decision or court proceeding to have sexually or physically abused or exploited any person or to have abused or financially exploited any vulnerable adult? | Yes_____ | No_____ |

If yes, to any statement please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I swear under penalty of perjury that these statements are true and correct to the best of my knowledge.**

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

\_\_\_\_\_  
Applicant Name Printed

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy )

This information is requested by the following agency for the sole use by the following agency:

**Camp STIX Diabetes Programs  
P.O. Box 8308 Spokane, WA 99203  
509-484-1366  
campstix@gmail.com  
www.campstix.org**