



Marysville
Historical
Society

PO Box 41
Marysville WA 98270
360-659-3090 Museum
info@MarysvilleHistory.org
www.MarysvilleHistory.org

MARYSVILLE HISTORICAL VOLUNTEER APPLICATION

INSTRUCTIONS

Thank you for your interest in volunteering for the Marysville Historical Society! The Marysville Historical Society Museum and programs attract citizens and members of all ages and backgrounds. We take the safety of our visitors, members and volunteers seriously.

Because you may have regularly scheduled unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults during the course of your volunteer service, consistent with state law, you will be required to complete the following Criminal Disclosure Form, the Washington State Patrol Background Check Form and sign all declaration(s). Please keep in mind that any falsification or deliberate misrepresentation, including omission of a material fact, or failure to complete any part of your application or this questionnaire can be grounds for denial of a volunteer opportunity or membership with the Marysville Historical Society. Please return all completed documents to a museum staff member for processing in a sealed envelope marked "Volunteer Application". Once your application has been reviewed and processed, you will be contacted about next steps.

Print Name: _____

Alias/Maiden Names: _____

Date of Birth: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

E-mail: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

MANADATORY CRIMINAL HISTORY DISCLOSURE FORM

(For law enforcement and Child and Adult Abuse Information Act, RCW 43.43.830-845, background checks)

In compliance with Washington law (RCW 43.43.834), the Marysville Historical Society requires all volunteer applicants to disclose certain information about their background and submit to a criminal background check. A private background screening vendor will perform a national criminal background check as allowed by RCW 35.21.920, RCW 35A.21.370 or RCW 35.61.130.

“Convictions” include judge or jury verdicts, guilty pleas, “Alford” pleas, pleas of “nolo contendere,” convictions arising from military service, or criminal offenses resulting in deferred or suspended sentences. Convictions includes felonies and misdemeanors.

The information collected by this form will be maintained in accordance with state law.

1. Have you ever been convicted of a crime?

ANSWER: YES _____ NO _____

IF YES, explain below. For each conviction, identify your name at the time of the conviction (if different from today), the underlying crime, the date of conviction, the sentence, and the jurisdiction (county/state or city/state) where the conviction was entered. A pending criminal charge will not necessarily bar you from volunteering with the Marysville Historical Society.

2. Have you ever had findings made against you in any judicial or administrative adjudicative proceeding that resulted in a finding of, or upholds an agency finding of, 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?

ANSWER: YES _____ NO _____

If YES, explain below. For each finding(s), identify your name at the time of the finding(s) (if different from today), the underlying crime, the date of finding(s), the sentence, and the jurisdiction (county/state or city/state) where the finding(s) was entered. A pending criminal charge will not necessarily bar you from volunteering with the Marysville Historical Society.

An inquiry may be made to the Washington State Patrol, a Federal, or other Law enforcement agency to verify your responses to the above inquiries. A copy of any response received pursuant to such inquiry will be made available to you upon request.

CERTIFICATION, AUTHORIZATION AND RELEASE

I hereby certify that all the information I have provided in this application for a volunteer opportunity and the supporting documents are true, complete and correct. I authorize the Marysville Historical Society to which I am applying to conduct a background investigation into my past criminal background. To conduct this investigation, I authorize the Marysville Historical Society to obtain a consumer report or similar information regarding me to the extent necessary to evaluate my suitability as a volunteer. I understand and agree that false or misleading information, including omissions, in my application or interview(s) shall be sufficient cause for dismissal or refusal to allow me to volunteer at Marysville Historical Society facilities or programs. References and personal information that become a part of this application will be regarded as confidential. I understand that any offer of a volunteer position that may be made to me is conditional and subject to the acceptable outcome of a criminal history background information check reporting, and the approval of the Marysville Historical Society. I am fully aware that the work associated with being a Volunteer may involve certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use Marysville Historical Society facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless Marysville Historical Society, its officials, employees, volunteers and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities, except for those caused by the sole negligence of the Marysville Historical Society. I give permission for photos/videos taken of myself during volunteer activities to be used for publicity purposes, without recompense.

I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in Marysville Historical Society volunteer activities or programs.

ANSWER: YES _____ NO _____

Applicant, Print Name: _____

Applicant Signature: _____

Parent/Legal Guardian Signature Required (if under 18 years of age):

Date and Place: _____

WASHINGTON STATE PATROL

Identification and Background Check Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<http://watch.wsp.wa.gov>



Return form to
Marysville Historical
Society for processing!

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

- ☐ **Conviction Criminal History Record Information Based on Name and Date of Birth**
- For an immediate response using a credit card, access our web site listed above.
- ☐ **Conviction Criminal History Record Information Based on Fingerprints**
- A full set of fingerprints on a fingerprint card is required for processing.
- ☐ **Notary Seal — Notary Letter(s) in Addition to Criminal History Record Check**
- Requesting _____ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name _____
Last First Middle

Alias/Maiden Name/Other Names Used _____

Date of Birth _____
Month/Day/Year

REQUESTOR INFORMATION: (Please type or print clearly)

Name Marysville Historical Society

Address P.O. Box 41
Marysville WA 98270
City State ZIP Code

Contact Phone Number (360) 659-3090

Would you like your results e-mailed or mailed? (Please select only one)

- ☐ Mailed (It may take 7 to 14 business days for response, when mailed.)
- ☐ E-Mailed*

E-Mail Address _____

Password _____

(Password must be 8-15 characters)

* Results can only be e-mailed for name and date of birth inquiries. Fingerprint-based background checks and notary letters will be mailed. Password is required to open encrypted PDF results.