

TCPP Office Use Only

Approval Date: _____

Staff Initials: _____

Exp. Date: _____

WASHINGTON STATE PATROL
Identification and Background Check Section
PO Box 42633
Olympia WA 98504-2633
(360) 534-2000
<http://watch.wsp.wa.gov>



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

Student Name: _____ Date Submitted: _____

Return this form to the school, The Country Playhouse Preschool, a minimum of **two weeks** prior to volunteering in the classroom. Include a copy of your driver's license or state-issued identification with this form, as well as a payment (cash or check) of **\$16** to cover the fee for the background check.

Complete page 1, Section A below, and ALL of page 2.

A. SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name/Other Names Used: _____

Date of Birth: _____ Gender: _____
Month/Day/Year

B. REQUESTOR INFORMATION: (Please type or print clearly)

Name: Tara Stivers, The Country Playhouse Learning Center, Inc.

Address: 1515 Chinook Ave.

Enumclaw WA 98022
City State ZIP Code

Contact Phone Number: (360) 825-5252

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.

Page 2 – of the Washington State Patrol Identification and Criminal History Check

In accordance with the RCW 43.43.830, prospective volunteers are required to complete this disclosure form. In addition, applicants who wish to volunteer in the classroom will be required to complete a Request for Conviction Criminal History Record form, or fingerprinting for a background check. These requests will be forwarded to the Washington State Patrol for disclosure of any applicable charges or findings. Volunteers will not be allowed to volunteer in the classroom until the school has received the results of the background investigation. Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date and the court(s) involved.

- 1. Have you ever been convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as follows: Aggravated murder; first or second degree murder, first or second degree kidnapping; first, second or third degree assault; first, second or third degree rape; first, second or third degree statutory rape; first or second degree robbery; 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?

ANSWER: _____ **If YES, explain** _____

- 2. Have you ever been found in any dependence action under RCW 13.34.030 (2) (b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

ANSWER: _____ **If YES, explain** _____

- 3. Have you ever 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?

ANSWER: _____ **If YES, explain** _____

- 4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER: _____ **If YES, explain** _____

- 5. Have you been convicted in the past 10 years of any crime: felony or misdemeanor?

ANSWER: _____ **If YES, explain** _____

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Furthermore, I understand that my continued volunteer position is conditional upon the fingerprinting and/or background checks that The Country Playhouse Preschool will conduct.

ORGANIZATION: The Country Playhouse Learning Center, Inc.
 dba, The Country Playhouse Preschool
 1920 Division St.
 Enumclaw, WA 98022

I authorize The Country Playhouse Learning Center, Inc. to conduct an investigation by the Washington State Patrol Identification and Criminal History Section. I further authorize this government agency to provide The Country Playhouse Learning Center, Inc. with information they have regarding me. I hereby release and discharge The Country Playhouse Learning Center, Inc. and those who provide information from any and all liability as **a result of furnishing this information.**

Applicants Name: _____ **Date:** _____

Applicants Signature: _____