

**CITY OF GRANITE FALLS  
RESOLUTION 2010-07**

**A RESOLUTION OF THE CITY OF GRANITE FALLS  
ADOPTING A VOLUNTEER PROGRAM POLICY**

WHEREAS, The City of Granite Falls recognizes and supports the use of volunteers to assist the City of Granite Falls government in providing services and programs; and

WHEREAS, the City of Granite Falls Volunteer Program Policies will establish standards of volunteer service for a formal volunteer program; and


WHEREAS, this policy contains responsibilities of both the City and volunteers; and

WHEREAS, written policies and procedures will assure volunteers are suitably oriented and trained and job duties are developed, supervision is appropriate to assigned duties and discussion with volunteers regarding safety, liability to the City and accident and property damage coverage is conducted.

WHEREAS, advisory boards and commissions are not covered by this policy

NOW THEREFORE, BE IT RESOLVED by the City Council of the City of Granite Falls that Exhibit A, the Volunteer Program Policy has been adopted.

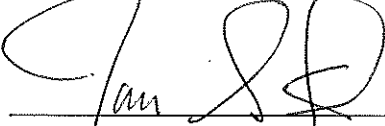
PASSED AND ADOPTED this 7<sup>th</sup> day of July, 2010.

  
\_\_\_\_\_  
Sheikh Haroon Saleem, Mayor

ATTEST:

  
\_\_\_\_\_  
Darla Reese, City Clerk

APPROVED AS TO FORM:

  
\_\_\_\_\_  
Thom H. Graafstra, City Attorney

# EXHIBIT A

## PURPOSE

The City recognizes the advantages of utilizing the rich skills and talents of the community and the community's desire to enhance their way of life. Our objective is to utilize these individuals and organizations to benefit the community as a whole in such a way that projects and services which would not usually be available due to excessive costs can be provided in an appropriate manner. It is also our objective to do so without adding undue or unnecessary liability to the citizens of the City.

Therefore, we hereby establish the following guidelines for the use of individual and/or organizational volunteer workers.

### 1.0 DEFINITION

#### 1.1 Volunteer

Any individual or organization who contributes personal services to the City without expectation or receipt of compensation.

### 2.0 RESPONSIBILITIES

A *Volunteer Checklist* is provided to each new volunteer outlining the responsibilities of the volunteer, department and human resources (attached).

### 3.0 ACCIDENTS/INJURIES AND INSURANCE COVERAGE

#### 3.1 Liability Coverage

The City is self insured through the Cities Insurance Association of Washington (CIAW) for comprehensive general liability coverage. Volunteers working within the scope of their assignment and on behalf of the City have liability coverage as provided under the CIAW Coverage Document.

The City does not accept volunteers under 14 years of age due to the level of supervision necessary and inability to provide medical aid coverage. Organizations whose membership consists of children under this age may be allowed to perform volunteer services if their independent organization provides proof of liability insurance to the City and provides all the adult supervision necessary to perform the activity safely.

Unless waived by the city, all organizations performing volunteer services shall provide proof of Commercial General Liability coverage, naming the City as an additional insured. All organizations must sign a waiver holding the City harmless for any injuries and claims of any kind resulting from their actions, and provide all necessary supervision for the project.

If an organization does not have Commercial General Liability insurance available through their organization, they can volunteer as individuals and be directly supervised by City staff.

Volunteers will not be allowed to work in dangerous areas or on heavy equipment. Generally, the City does not allow volunteers to operate city vehicles, although exceptions may be made by the department director in consultation with the Risk Manager on a case by case basis (i.e., TEAM). If volunteers operate city vehicles, the driver selection section of the CIAW Fleet Loss Control Guidelines will be followed which addresses basic practices in evaluating driving abilities. Note: When driving their personal vehicle, the personal auto insurance of the volunteer is primary coverage.

### **3.2 Personal Injuries**

The City provides medical aid coverage for individual volunteers through the Washington State Labor and Industries coverage for volunteer workers. As an alternative the volunteer may have their own medical coverage. Records should be maintained, via a *Timelog* on hours worked and activities performed. Labor and Industries does not cover individuals under the age of 14.

## **4.0 VOLUNTEER SAFETY**

### **4.1 General**

The City of Granite Falls is committed to providing a safe workplace for its employees and volunteers. The following areas are covered as part of the City's safety efforts:

### **4.2 Personal Protective Equipment**

The City shall provide personal protective equipment as required for the scope of work identified by the Washington Industrial Health and Safety Act. All volunteers requiring personal protective equipment shall be provided adequate training in its proper use and care. All training will be documented and signed by the individual.

### **4.3 Communicable Diseases**

The City will continue to provide current information and further educate volunteers concerning the transmission of communicable diseases as required by law and as appropriate to the scope of their volunteer assignment. The City is committed to the establishment of work place protocols and procedures to protect against unreasonable risks of exposure to communicable diseases.

### **4.4 Work Caution Training**

In the past, hypodermic needles and syringes have been found in City parks. Though these occurrences have been rare, "sharps" such as these present a real risk of infection from bloodborne pathogens such as HIV and Hepatitis B. Each participant should be sure to wear heavy gloves, but please recognize that no gloves are puncture proof. The City will provide tools such as rakes to pull debris

from under brush. Each volunteer should exercise caution when using their hands to pick up material. If a sharp is found, volunteers must not touch it; instead “flag” the location and a City employee will pick it up and dispose of it properly.

#### **4.5 Incident Reporting**

Report any injury, incident, accident or unsafe condition to your Assignment Manager immediately. The Assignment Manager will, in turn, report immediately to the Risk Manager. The Risk Manager will follow-up on any report and determine an appropriate course of action and complete any required forms, if needed.

### **5.0 PLACEMENT PROBLEMS AND CONCERNS**

#### **5.1 Routine Problems**

In the event that either a volunteer or an Assignment Manager feels there is a problem with any aspect of the volunteer assignment, the following steps should be followed:

1. Regardless of who first discovers the problem, it should be discussed between the Assignment Manager and the Volunteer to try to reach a satisfactory resolution.
2. If Step 1 does not result in satisfactory resolution, the department head should be informed of the problem.
3. If after Step 1 and 2 are utilized, and a problem still exists, report the problem to the Human Resources Department. The Human Resources Department will then investigate and attempt to resolve the issue.
4. If a satisfactory resolution cannot be achieved, the volunteer may be subject to corrective action up to and including termination.

#### **5.2 Problems of an Urgent Nature**

In the event of an urgent problem relating to a specific volunteer, volunteer assignment, or the Volunteer Program in general, the Human Resources Department should be contacted.

### **6.0 HARASSMENT/EEO POLICY**

It is City policy to foster and maintain a work environment that is free from discrimination and intimidation. Toward this end, the City will not tolerate harassment of any kind that is created by employees, volunteers or members of the public. Employees and volunteers are expected to show respect for one another and the public at all times, despite individual differences.

Harassment is defined as verbal or physical conduct that demeans or shows hostility or aversion toward another employee, volunteer or members of the public. Examples of prohibited conduct include slurs or demeaning comments to employees, volunteers or members of the public relating to race, ethnic background, gender, religion, sexual orientation, age or disability.

Employees or volunteers who violate this policy, will be subject to corrective action, up to and including termination of volunteer status.

## **7.0 DRUG AND ALCOHOL POLICY**

It is City policy to maintain a drug and alcohol-free workplace. The possession, use or trafficking of alcohol or drugs in the workplace poses unacceptable risks to the safe, secure and efficient operation of our organization, and are strictly prohibited.

Volunteers who are under the influence of alcohol or drugs while on the City of Granite Falls premises or time, or while representing the City of Granite Falls, will be subject to corrective action, up to and including termination of volunteer status and possible criminal prosecution. The use, sale or possession of alcohol or illegal drugs while on the City of Granite Falls time or property will subject the volunteer to corrective action, up to and including termination of volunteer status and possible criminal prosecution. Any employee or volunteer using over the counter or prescription drugs during work time that may impair his or her ability to perform the job must notify his or her supervisor prior to beginning work.

## **8.0 CONFIDENTIALITY**

On occasion, a volunteer may witness an incident, be entrusted with information or have access to records or files deemed confidential in nature. It is the City's expectation that any volunteer privy to such information, material or event will respect and safeguard the trust and privacy rights of affected individuals.

For example, some volunteer assignments may involve filing information containing persons' arrest or warrant records, or opening mail which may contain overdue account information.

In these instances, confidentiality is imperative and these private matters, that have been entrusted to a volunteer, should be kept entirely to his or herself. Information of a confidential nature is not to be shared with anyone.

Violation of confidentiality is a serious breach of trust, and in some cases, of law. Disclosure of confidential information may result in termination of volunteer status, civil action or criminal prosecution.

## **9.0 ATTACHMENTS**

- Volunteer Service Application
- Volunteer Service Agreement (individual and organization)
- Notification and Authorization for Background Investigation Disclosure Statement
- WSP Request for Criminal History Information
- Volunteer Service Timelog (individual and organization)
- Sample Scope of Volunteer Work
- Volunteer Checklist

**VOLUNTEER CONFIRMATION OF POLICY RECEIPT**

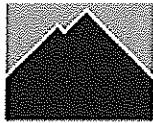
**I HAVE RECEIVED THE CITY OF GRANITE FALLS POLICY FOR VOLUNTEERS. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO READ THIS POLICY AND TO CONSULT WITH MY ASSIGNMENT MANAGER OR HUMAN RESOURCES DEPARTMENT IF I HAVE ANY QUESTIONS.**

**THE STATEMENTS CONTAINED IN THIS POLICY ARE GUIDELINES AND SUMMARIES OF THE VOLUNTEER PROGRAM. THEY DO NOT BIND THE CITY OF GRANITE FALLS. THE CITY OF GRANITE FALLS RESERVES THE RIGHT TO CHANGE, REVOKE OR MAKE EXCEPTIONS TO CITY POLICIES AT ANY TIME AND AT ITS SOLE DISCRETION.**

\_\_\_\_\_  
NAME (Please Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**NOTIFICATION AND AUTHORIZATION FOR BACKGROUND INVESTIGATION  
DISCLOSURE STATEMENT**

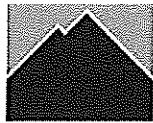
In compliance with RCW 43.43.830-845, all applicants who have been offered a position as a volunteer, and in which the position the person may have unsupervised access to children, developmentally disabled persons, or vulnerable adults or who will be working with confidential information.

1	<p>Have you ever been convicted of any crime against children or other persons?  <i>Crime against children or other persons means a conviction of any of the following offenses:</i></p> <ul style="list-style-type: none"> <li>• Aggravated murder; indecent liberties; incest; vehicular homicide; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; endangerment with a controlled substance; malicious harassment; child abuse or neglect as defined in RCW 26.44.020; 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.</li> <li>• First degree arson; burglary; promoting prostitution;</li> <li>• First or second degree murder; kidnapping; robbery; manslaughter; extortion; criminal mistreatment; custodial interference; custodial sexual misconduct; sexual misconduct with a minor;</li> <li>• First, second, or third degree assault; assault of a child; rape; rape of a child; child molestation</li> <li>• Or any of these crimes as they may be renamed in the future.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you been convicted of crimes relating to financial exploitation where the victim was a vulnerable adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you been convicted of a crime related to drugs as defined in RCW 43.43.830?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Have you 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 a vulnerable adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you been found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is YES to any of the previous questions, please describe the location, date and facts of the conviction and make reference to the question being answered:		

The City of Granite Falls shall make an inquiry to the Washington State Patrol regarding an applicant's conviction record, disciplinary board final decision, or civil adjudication record. Applicants will be notified by the State Patrol's response within ten working days of receipt of this information by the City of Granite Falls. A copy of the response will be made available to the applicant.

I acknowledge that I have read the entire Notification and Authorization for Background Investigation Disclosure Statement, that I understand the requirements, and I grant permission to the City of Granite Falls to make an inquiry to the Washington State Patrol under the provisions of this law. Pursuant to RCW 9A.72.085, I certify that under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant's Name (print):	Social Security Number	Date of Birth	Birth Place
Applicant's Signature	Date		
City of Granite Falls Witness	Date		



## SCOPE OF VOLUNTEER WORK

Purpose	<i>This section describes the specific purpose of the position in no more than two sentences.</i>
Job Title	
Department	
Reports to	
Start Date	
Length of Assignment	
Responsibilities	<i>List the position's major duties</i>
Qualifications	<i>List education, experience, knowledge, and skills required. If a criminal history check or other background check should be conducted, it should be indicated here. Also indicate if there is an age requirement.</i>
Training Required	<i>List any training and orientation prior to volunteer performing work (include whether Personal Protective Equipment training will be needed)</i>

Submitted By \_\_\_\_\_

Date \_\_\_\_\_

Approved By \_\_\_\_\_

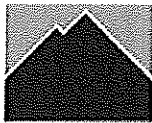
Date \_\_\_\_\_

.....  
For Human Resources Use:

Volunteer Name: \_\_\_\_\_

Orientation Date: \_\_\_\_\_





## VOLUNTEER SERVICE AGREEMENT

This Agreement is made, by and between the City of Granite Falls, hereinafter referred to as the "City" and \_\_\_\_\_ hereinafter referred to as the "Volunteer". The purpose of this Agreement is to outline the responsibilities of the City in providing volunteer opportunities, and to create an understanding between the City and the Volunteer.

This Agreement shall apply to persons voluntarily performing non-compensated services for the City, including but not limited to, practical work experience, recreational programs, senior programs, and police programs. The Volunteer agrees to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions of service.

It is further understood that this Agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer. The City shall not be responsible for, nor liable for, nor shall the volunteer be eligible to receive, and compensation or benefits as a result of the Agreement EXCEPT for State Labor and Industries Industrial Insurance medical aid coverage.

In consideration of the City giving me permission to perform these volunteer services, I understand that:

- I am not to appear for volunteer service under the influence of any drugs or alcohol. I agree to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair my ability to perform volunteer duties.
- I am not to have child(ren) with me, during my volunteer activities, that are under 14 years of age. If I do bring with me any child(ren) under 14 years of age (which is a violation of this agreement), I understand I will be held solely liable, and assume all risk of liability, for my child(ren)'s actions and agree to hold the City harmless from any and all such related claims against the City; except for injuries and damages caused by the sole negligence of the City.
- I will abide by all City policies regarding personal conduct while performing volunteer services.
- I agree not to go beyond the scope of volunteer work agreed to without authorization.
- Should an injury occur during the scope of my service, I understand that the City has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers and I understand that I am to report any on-the-job injury or illness, no matter how minor to my assignment coordinator/supervisor.
- I have been trained on any activity that I am unfamiliar with, corresponding policies have been reviewed with me, and it is my responsibility to understand them completely or ask questions until I feel confident to perform the assigned tasks.
- Depending on the scope of volunteer work, the following policies may apply: Driving, Safety Procedures, Computer Operation, Dress Code, Anti-Harassment, Confidentiality.

**BACKGROUND CHECKS:** I consent to the City performing a background check into my history in accordance with RCW 43.43.830-845 and waive any right of privacy I may have in such information for the limited purpose of the City considering it for determining my suitability as a volunteer. (To be used for volunteers who will have unsupervised access to children, developmentally disabled persons, or vulnerable adults or who will be working with confidential information.)

**TERMINATION:** I understand that I or the City may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

**WAIVER AND HOLD HARMLESS:** I am fully aware that the work associated with being a City Volunteer involves 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 City's Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities or equipment. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Granite Falls, its officials, employees, authorized 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.

**LIABILITY COVERAGE:** I understand that the City is self-insured through the Cities Insurance Association of Washington (CIAW) for liability coverage. Volunteers performing within the scope of their assigned duties as authorized by the City are afforded the same coverage as City employees under the City's liability coverage with WCIA. I am fully aware that a volunteer's intentional misconduct is not protected or covered by the City or CIAW.

This agreement will be in effect for the duration of my volunteer services beginning this date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
ST

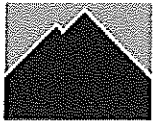
\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

Do you have any medical conditions, physical or emotional, that the City should be aware of prior to placement in a volunteer position?

Yes  No

If yes, please explain: \_\_\_\_\_



**VOLUNTEER SERVICE AGREEMENT**  
**ORGANIZATIONAL VOLUNTEER SERVICE**

Our organization, \_\_\_\_\_ volunteer our services to perform only the services as outlined in the attached *scope of volunteer work* for the City of Granite Falls. We understand we will not be compensated for our work but we volunteer to do so in a responsible manner. If we decide to discontinue our volunteer service we will notify the Human Resources Manager.

We understand that and agree that:

- None of the group is to appear for volunteer service under the influence of any drugs or alcohol.
- Should an injury occur during the scope of our service, we understand that the City has included our hours of volunteer service in the State Labor and Industries coverage for volunteer workers and we understand that we are to report any on-the-job injury or illness, no matter how minor to our assignment coordinator/supervisor.
- Our organization is responsible for directly supervising the activities of all the individuals in our group who will be doing volunteer work, and therefore, in consideration of our organization and members being permitted to perform services on City property, our organization agrees to defend, indemnify and hold harmless the City of Granite Falls and its officials, employees, authorized volunteers and agents from any damage claim or lawsuit for injury, illness, damage or other loss of any kind to anyone including members of our organization that might arise out of our activities or the actions of any individuals of our group, except for injuries or damages caused by the sole negligence of the City.
- Our Organization gives permission to have photos/video tapes taken during the volunteer activities of adults and/or minor participants, without recompense, to be used for publicity purposes
- We understand if we have minors under the age of 18 involved in volunteer functions, **the organization will be solely responsible, and assume all risk of liability**, for the minor's actions, injuries, damages, or other consequences and hold the City harmless from all such related claims against the City; except for injuries and damages caused by the sole negligence of the City.
- Our organization has appropriate valid liability insurance of at least one million dollars to cover our activities; and a copy of the certificate of said insurance, naming the City as an "additional insured" is attached.
- Further, we understand that we or the City may terminate this agreement at any time with or without cause, and that we are volunteering our services at will and may be asked to discontinue such without prior notice or reason.

This agreement will be in effect for the duration of our volunteer services beginning this date.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Name of Organization

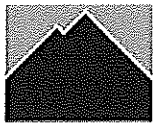
\_\_\_\_\_  
Signature on Behalf of Organization

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number



# VOLUNTEER SERVICE APPLICATION

The City of Granite Falls operates a volunteer program that provide services organization-wide. The purpose is to enable the City to take advantage of the extraordinary reserve of knowledge, talent, and skill possessed by volunteers within our community and to capitalize on these abilities to augment City services. The intent is also to provide a program which involves interested residents in local government while providing them with the opportunity to perform work of value to the community.

The volunteer application is designed to give applicants an opportunity to share their background, experience, interests and skills, enabling the City to make the best possible volunteer placement.

Name	Last	First	Middle
Address:		City, State	Zip
Home#	Message #	Work #	Email

Are you over the age of 18?     Yes    No    If not, please give birth date: \_\_\_\_\_

Do you have, or can you obtain, a valid Washington State Driver's License?     Yes    No

Are you currently certified in:     CPR     First Aid    Expiration Date: \_\_\_\_\_

WA State Driver's License or ID Card#	Expiration Date:
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Availability:     Long-Term    Short-Term    Special Project  
 Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

<b>In what particular areas of Volunteer work are you interested? (i.e. administrative, parks, Perrigoue Field, Lake Gardner, etc.)</b>

<b>What general skills/experience/education would you like to share in your volunteer work?</b>

**Criminal Convictions**

Have you been convicted of a felony or released from prison within the last ten (10) years, or have been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years?  Yes  No

If yes, please explain:

**References (do not list relatives)**

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

**In case of emergency, please contact:**

Name:	Address:	Phone:
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**NOTICE TO VOLUNTEERS**

Volunteers are not considered to be City of Granite Falls employees. Injury compensation is provided through the Department of Labor and Industries. Volunteer service is considered to be creditable work experience. The data furnished on this form is furnished voluntarily and will be used to contact, interview and place volunteers.

**SIGNATURE IS REQUIRED**

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application is grounds for dismissal as a volunteer. Further I give my permission for an authorized representative of the City of Granite Falls to conduct a state patrol criminal background check in accordance with RCW 43.43.830-845 and to inquire of individuals about my ability to perform all aspects of the volunteer position for which I am being considered and I release the City of Granite Falls and those individuals/institutions that provide information from any liability that may arise from the provision of this information.

As a volunteer for the City of Granite Falls, I am fully aware that the work associated with being a City of Granite Falls volunteer involves 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 City's Volunteer program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Granite Falls, its officials, employees 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.

I give permission to have my photo taken and used for publicity purposes by the City. 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 this program.

Applicants who may be offered positions as employees or volunteers for positions that involve access to children or vulnerable adults as defined in RCW Ch. 43.43 are hereby notified that the City of Granite Falls may make an inquiry to the Washington State Patrol under RCW 43.43.832 or to a federal law enforcement agency to conduct a background check as described in RCW Ch. 43.43. Additionally, if you are seeking a position as an employee or a volunteer where you will or may have unsupervised access to children under 16 years of age or developmentally disabled persons or vulnerable adults during the course of your employment or involvement with the City of Granite Falls, you must disclose whether you have:

Been convicted of a crime \_\_\_ yes \_\_\_ no.

If yes, please explain:

Had findings made against you in any civil adjudicative position (*e.g.* by a judge or an administrative agency) as defined in RCW 43.43.830 (relating to domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or vulnerable adult) \_\_\_yes \_\_\_no.

If yes, please explain:

Been convicted of a crime and had findings entered against you in any civil adjudicative proceeding as defined in RCW 43.43.830 \_\_\_yes \_\_\_no.

If yes, please explain:

If you are uncertain as to whether you should answer "yes" to any of the above questions, or if you need definitions of any of the terms used in RCW 43.43.830, please explain why you are uncertain as to how to answer and explain what terms you need to have defined:

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**I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THE FOREGOING APPLICATION IS TRUE AND CORRECT.**

\_\_\_\_\_  
Date and Place of Signing

\_\_\_\_\_  
Signature

If under 18, parent or guardian's

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



