



WASHINGTON OFFICIALS ASSOCIATION
DISCLOSURE AND CONSENT TO CRIMINAL HISTORY CHECK FORM

I, \_\_\_\_\_ affirm that I have not been:

- (a) Convicted of any crime against children or other persons; which have been defined 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; first degree arson; first degree burglary; first or second degree 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; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; 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; or any of these crimes as they may be renamed in the future;
(b) Conviction of crimes relating to financial exploitation if the victim was a vulnerable adult;
(c) 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;
(d) 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;
(e) 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 any vulnerable adult; or
(f) Found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

I understand that should I choose not to sign this statement and/or submit to a Washington State Patrol Criminal History Check I will be excluded from membership in the Washington Officials Association.

I certify under penalty of perjury that the foregoing is true and correct and consent to a Washington State Patrol Criminal History Check at this time and any future time that the WOA deems appropriate.

Dated at \_\_\_\_\_, Washington this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
TYPE or PRINT LEGIBLY Complete Legal Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature