



## Volunteer Experience

Current / previous work or occupation:	
Previous volunteer experience:	Organization:
	Duties:
Hobbies, interests, or skills that might be relevant to volunteering.	
Are you bilingual? If so, which language(s)?	
Special training, certifications:	
List any clubs or organizations that you belong to:	
Describe any experience working with children:	
How did you hear about KidsQuest Children's Museum?	

## Availability:

- Total number of hours per week you would like to volunteer\_\_\_\_\_.
- Check the box for the time period(s) in the day(s) you're available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

## Education:

Circle highest grade completed:

High School: 9 10 11 12 or GED	College: 1 2 3 4 5
Beyond:	School Name:

## Employment:

Employer:	Date Employed From:
Address:	Work Phone:
Job Title:	Supervisor's Name:
Short Description:	

**References:**List two **professional references**, other than family members

Name:	Phone:
Street Address:	How do you know them?

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Street Address:	How do you know them?

**Emergency Contact Information:**

(In case of an emergency):

Name:	Relationship:
Home Phone:	Cell Phone:

Do you have any criminal convictions?	YES	NO
If "YES", please explain where, when, and disposition:		
(Conviction will not automatically bar you from volunteering. Relevance to assignment will be considered)		

I understand that I'm not an employee of KidsQuest Children's Museum, and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by KidsQuest Children's Museum for my assigned work duties. I also understand that it is my responsibility to update any address, emergency or other changes to the information on this form.

By my signature, I authorize KidsQuest Children's Museum to conduct a background check of my criminal record.

Volunteer's Signature:	Date:
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***KidsQuest Children's Museum is an equal opportunity organization and does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability.***

# WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633



## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

<p><b>A REQUESTING AGENCY/ADDRESS</b></p> <p>Agency _____</p> <p>Attn _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____ Authorized Signature Date _____ ( ) _____ Title Area Code/Phone Number</p>	<p><b>B PURPOSE</b> Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer - no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization - no fee (Excluding Schools &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p><b>Fees:</b> Make payable to Washington State Patrol by check, money order, or business account.</p> <p><b>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</b> _____ Notarized Letter(s)</p>
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**C APPLICANT OF INQUIRY** (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_ Driver's Lic. Number/State: \_\_\_\_\_ / \_\_\_\_\_  
(optional)

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

**D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

WSP Use Only

Applicant Right Thumb Print (Optional)