

# EDUCATIONAL OPPORTUNITIES *for* CHILDREN AND FAMILIES

*Serving Clark, Pacific & Cowlitz Counties*

## DECLARATION STATEMENT

Head Start Performance Standards (1301.31 (b) (21)) and EOCF practices require all prospective employees and volunteers sign a declaration prior to employment/volunteering which lists:

1. All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
2. Convictions related to other forms of child abuse and neglect; and,
3. All convictions of violent felonies.

Per Head Start Performance Standards (1301.31 (c) (1-4)), the declaration may exclude:

- Traffic fines of \$200.00 or less;
- Any offense, other than an offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's/volunteer's 18<sup>th</sup> birthday, which was finally adjudicated in juvenile court or under a youth offender law;
- Any conviction the record of which has been expunged under federal or state law; and
- Any conviction set aside under the Federal Youth Corrections Act or similar state authority.

NOTE that individuals who declare, through this form, that they have been arrested, charged with, or convicted of any of the offenses listed above are not automatically disqualified from being hired or denied the opportunity to volunteer. EOCF will review each case to assess the relevance of an arrest, charge, or conviction to determine a hiring or volunteer placement decision.

PLEASE PROVIDE YOUR SIGNATURE AFTER THE APPROPRIATE STATEMENT BELOW:

I have not been arrested, charged, and/or convicted on one or more of the three types of offenses listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have been arrested, charged, and/or convicted on one or more of the three types of offenses listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*EOCF shall not discriminate in its staff, hiring practices, board, volunteers, volunteer committees, or recipients of any service on the basis of a person's race, color, religion, sex, sexual orientation, age, national origin, marital status, veteran status, mental, physical, or sensory disability, or any other status not listed, as protected by state and/or federal law.*

Visit us on the web: [www.eocfwa.org](http://www.eocfwa.org)

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# 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

(Clears all Fields in the Form)

<p><b>(A) REQUESTING AGENCY/ADDRESS</b></p> <p>EOCF Agency Cheryl L'Ecuyer Attn 17800 SE Mill Plain Blvd #150 Address Vancouver, WA 98683 City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p><i>Cheryl L'Ecuyer</i> Authorized Signature _____ Date _____</p> <p>HR Specialist (360) 567-2719 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 checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</p> <p>_____ 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

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.

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

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

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

Address \_\_\_\_\_

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

★ Contact Telephone Number of Applicant: \_\_\_\_\_