



CLALLAM COUNTY BOARDS & COMMITTEES APPLICATION

Email the Completed Application to:
<mailto:bwenzl@co.clallam.wa.us>
 Clallam County Human Resources | Risk Management
 223 E. 4th St., Suite 16
 Port Angeles, WA 98362

If you are an appointed representative of a jurisdiction or organization (example: County, City, Tribal Entity, etc.) you only need to fill out Section A, sign and date directly below Section A.

Section A.

GENERAL INFORMATION:	
Name (<i>First, Middle Initial, Last</i>):	Name of Committee:
Mailing Address:	Position applying for:
City, State, Zip Code:	Represented Jurisdiction or Organization:
Day Phone, Cell Phone, Evening Phone:	Email:
Emergency Contact:	Emergency Contact Phone Number:

AGREEMENT & CERTIFICATION:

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY IN THE STATE OF WASHINGTON, THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION, MY APPLI ATION MAY BE REJECTED, AND MY NAME MAY BE REMOVED FROM CONSIDERATION.

SIGNATURE

DATE SIGNED:

If you are an appointed representative of a jurisdiction or organization (example: County, City, Tribal Entity, etc.), you DO NOT need to fill out section B, C or D.

Section B.

EXPERIENCE, SPECIAL SKILLS & LICENSES:
Summarize your experience, special skills and qualifications, including hobbies:
Place of employment, if employed:
Volunteer experience:
Special training/courses (include computer training):
Are you fluent in any languages other than English? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please list:

Section C.

ADDITIONAL INFORMATION:
Explain why you wish to serve on this board/committee:
Please describe your education/career background:



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Section D.

Pursuant to the requirements of RCW 43.43.830-840, we must ask you to complete the following disclosure statement. This information will be kept confidential.

HAVE YOU EVER BEEN CONVICTED OF ANY OF THE FOLLOWING CRIMES AGAINST PERSONS (SEE BELOW):

Aggravated, 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; Or any of these crimes as they have been renamed.

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

Has (a) a dependency action, (b) a domestic relations proceeding, or (c) a disciplinary board final decision found you to have sexually assaulted or exploited a minor, or to have physically abused or sexually abused a minor?

YES NO

If your answer is "yes", please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed.

A Washington State Patrol criminal history search along with a search of the National Sex Offender database will be conducted. I understand that if I am selected, my volunteer position is conditioned on receipt of a satisfactory report from the above entities.

I certify under penalty of perjury that the above information is true, correct and complete. I understand that if I am selected, I can be discharged for any misrepresentation or omission in the above statement.

FULL NAME:

DATE OF BIRTH:

SIGNATURE OF APPLICANT

DATE SIGNED: