

Washington State Patrol Criminal History Check (WATCH) Permission Form  
**Columbia Basin Baptist Association (CBBA)**

VOLUNTEER INFORMATION

Applicant's  
Name

\_\_\_\_\_

*Last Name*                                      *First Name*                                      *Middle Name*

Date of Birth  
MM/DD/YY

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_      M or F (circle one)

**A signed disclosure statement is required from applicant before a search is conducted.**

A business or organization **shall require each applicant to disclose** to the business or organization whether the applicant has been (circle the correct answer below for each statement.)

YES	NO	convicted of any crime against children or other persons;
YES	NO	convicted of any crimes relating to financial exploitation if the victim was a vulnerable adult
YES	NO	convicted of crimes related to drugs as defined in RCW 43.43.830; "crimes relating to drugs" means a conviction of a crime to manufacture, delivery, or possession with intent to manufacture of deliver a controlled substance.
YES	NO	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;
YES	NO	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;
YES	NO	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;
YES	NO	found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

**The disclosure shall be made in writing and signed by the applicant and sworn under penalty of perjury.**

The disclosure sheet shall specify all crimes against children or other persons, all crimes relating to drugs, and all crimes relating to financial exploitation as defined in RCW 43.43.830 in which the victim was a vulnerable adult.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct and I grant permission for Columbia Basin Baptist Association to check my criminal history with the Washington State Patrol (WATCH).

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

A copy of your WATCH response can be made available to you upon written request to the CBBA.

Columbia Basin Baptist Association • 2537 W Falls Ave. Kennewick, WA 99336 • 509-735-4622  
[www.columbiabasinbaptist.net](http://www.columbiabasinbaptist.net)

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