

Benton-Franklin Juvenile Justice Center
5606 West Canal Place, Suite 106 ♦ Kennewick, WA 99336-1388
(509) 783-2151 ♦ Fax (509) 736-2728

Benton-Franklin GAL Program

Dear Volunteer:

Please fill out the attached documents completely. (Print each page separately)

Application

- Include 4 references with **complete** email and mailing address (Please write clearly and ensure accuracy and please do not include relatives)
- Sign and date application
- Complete GAL Program Attachment, pages 4 & 5

Volunteer Oath of Office

- Print your name, then sign and date form.

Information and Systems Agreement

- Signature required

RCW 13.40.570

- Read and initial RCW 13.40.570

Volunteer Background Check Authorization and Release

- Please provide information requested on **both** pages
- Signature required
- Include a copy of your driver's license**

Waiver of Confidentiality GAL Program

- Signature and date required (Please print name also)

Volunteer Background Information Sheet

- Fill out all that applies to you
- Signature required
- Copy of Noncriminal Justice Applicant's Privacy Rights provided

DCYF (Children's Administration) Authorization for Records Check

- Fill out section C (Yellow highlighted section: name, DOB, former names, address, etc.)
- Signature Page (sign & date)

Noncriminal Justice Applicants Privacy Rights

- Initial and date

Please print the packet one-sided (with each page separate) and return to the GAL Office at the above address.

JUDGES
Hon. Jacqueline J. Shea-Brown
Hon. Joseph M. Burrowes
Hon. David L. Petersen
Hon. Jacqueline I. Stam
Hon. Norma Rodriguez
Hon. Diana N. Ruff
Hon. Bronson Brown

BENTON-FRANKLIN COUNTIES JUVENILE JUSTICE CENTER



GORDON THOMASSON, Administrator
Juvenile Court Services

SUPERIOR COURT OF THE STATE OF WASHINGTON
5606 W CANAL PLACE, SUITE 106 • KENNEWICK, WASHINGTON 99336-1388
PHONE (509) 783-2151 • FAX (509) 736-2728

DARIN R. CAMPBELL
ARTHUR D. KLYM
BRANDON P. HOLT
ANDREW HOWELL
MEGAN WHITMIRE
Court Commissioners

VOLUNTEER/INTERN APPLICATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

HOME ADDRESS: _____
(Street) (City) (Zip)

BIRTH DATE: _____ GENDER: _____ SSN: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

IN CASE OF EMERGENCY, NOTIFY: _____ PHONE _____

RELATIONSHIP TO YOU: _____

EMPLOYER: _____ WORK PHONE: _____

WORK ADDRESS: _____ OCCUPATION _____
(Street) (City) (Zip)

CIRCLE THE HIGHEST GRADE COMPLETED: 8 9 10 11 12 13 14 15 16 DEGREE: _____

AREA OF STUDY: _____ CURRENTLY IN SCHOOL: YES NO WHERE? _____

DO YOU OWN AN OPERABLE AUTOMOBILE? YES NO IS THIS AUTOMOBILE INSURED? YES NO

NAME OF INSURANCE COMPANY: _____ AGENT: _____

WHAT LANGUAGE (S) DO YOU: SPEAK _____ READ _____ WRITE _____

ORGANIZATION YOU REPRESENT: _____

ORGANIZATION'S ADDRESS: _____ PHONE: _____

DEPARTMENT WITHIN JUVENILE COURT YOU WISH TO WORK WITH: (Guardian ad Litem) _____

WERE YOU REFERRED TO THIS AGENCY BY AN EMPLOYEE OF THE JUVENILE COURT? YES NO

IF YES, WHO REFERRED YOU? _____

WHY DO YOU WANT TO VOLUNTEER WITH THE JUVENILE COURT AND WHAT IS THE LENGTH OF COMMITMENT YOU COULD GIVE TO THIS AGENCY? _____

LIST ANY VOLUNTEER EXPERIENCE: _____

HAVE YOU HAD ANY EXPERIENCE WITH CHILD ABUSE? _____

PRESENT HEALTH: _____ ANY HEALTH PROBLEMS EXPLAIN) _____

PERSONAL INTERESTS, HOBBIES, OR SKILLS: _____

PLEASE LIST FOUR (4) REFERENCES: (INCLUDE AN EMPLOYER OR IMMEDIATE SUPERVISOR, IF APPLICABLE, AND AT LEAST TWO (2) PEOPLE WHO HAVE KNOWN YOU FOR TWO YEARS OR LONGER)

NAME	RELATIONSHIP (Non-Relative)	CONTACT INFORMATION Please write clearly and ensure accuracy. (Include City, State & Zip Code)
		Email: Address:
		Email: Address:
		Email: Address:
		Email: Address:

COMMENTS: _____

In my service as a volunteer, I agree that I am acting as an agent of the Juvenile Justice Center, and I will exercise due cause and act in good faith. I will respect and abide by the rights and responsibilities of professional staff noted on the reverse of this application.

I hereby declare that the above information is true and correct to the best of my knowledge.

SIGNATURE: _____ DATE: _____

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION POLICY: The Benton-Franklin Counties Juvenile Justice Center (BFJJC) does not discriminate in regard to race, color, religion, sex, nation origin, age, political affiliation, disability status or any other non-merit factor. BFJJC is also committed to an Affirmative Action Program.

**Volunteer Application
(GAL Program Attachment)**

1. Why would you like to become a GAL volunteer?

2. As a volunteer, what would you like to accomplish for yourself?

3. Have you had any personal experience involving
 Child Welfare System Court System Foster care Child servicing agencies?
If yes, please explain:

4. List any health problems or handicaps you have which should be taken into account:

<p>5. Have you ever been a victim of abuse, including domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe what steps you have taken to deal with the abuse issue(s):</p>
<p>6. Have you or a member of your family been investigated by Child Protective Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain whom it involved and to what extent:</p>
<p>7. Have you or a member of your family experienced an addiction to illegal substances (drugs or alcohol)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>
<p>8. Have you or a member of your family been involved or referred to Juvenile Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>
<p>9. Do you have a divorce/custody proceeding in Superior Court and have a GAL assigned on your case? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>

<p>NOTE: Please attach a statement on a separate sheet of paper regarding the circumstances for any "yes" answers to the following questions:</p>
<p>10. Have you been in the past or are you currently involved in any court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?</p>
<p>11. Are you currently on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. Have you had your name placed on a registry of child or adult abuse in this or any other city, county or state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. Have you ever been denied a license to care for children or adults? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>14. Have you ever had a license to care for children or adults suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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Court Commissioners

JUVENILE COURT VOLUNTEER OATH OF OFFICE

I will conscientiously do my best to serve the court and the community as a representative of the Benton-Franklin Counties Juvenile Justice Center. I will provide services to the court as directed and authorized, and abide by the rules, regulations, policies and code of ethics of the court.

I will keep confidential any information, records, files, papers, and/or communications to which I gain access in the course of my duties. I will not disclose any information except to those who have recognized status in the matter or unless otherwise directed by the court.

As a court volunteer, I understand that I am a mandated reporter 24 hours a day. I will report all incidences of abuse or neglect pursuant to RCW 26.44.030, and will complete a written verification form as provided by the agency.

I certify that I have read and am knowledgeable of the requirements of RCW 13.40.570 (see attached – Sexual misconduct by state employees, contractors) and of the new crimes committed included in RCW 9a.44, Sexual Offense (see attached listing).

In the event that there is a change in my criminal history status during my volunteerism with the Benton-Franklin Juvenile Justice Center, I will notify my immediate supervisor or manager by the next business day.

Juvenile Court Volunteer

Juvenile Court Volunteer Signature

Date

Attached: RCW 13.40.570 – Sexual misconduct by state employee, contractors
Chapter 9A.44 RCW Sex Offenses – List of RCW Sections

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Information and Systems Agreement

As a court employee, I understand that I may have access to confidential, as well as public information and records in files and databases, to include but not limited to, court case files, Juvenile Tracking System (JTS), the Judicial Information System/Juvenile and Corrections System (JIS/JCS), Liberty, Odyssey, Inside Washington Courts and databases of other organizations, including but not limited to I-leads and Powerschool. By signing this statement, I affirm my understanding of my responsibilities to maintain confidentiality and agree to the following:

1. I understand that I may access, read or handle confidential records to the extent required in, and for the purpose of, performing my assigned duties as an employee of the court.
2. I agree to use all state and local systems I have access to for work duty purposes only. At no time will I use systems for personal use.
3. I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any confidential information obtained during my employment with the Court. I understand that:
 - a. I may divulge confidential information to judicial officers and authorized court employees as necessary to perform my job duties.
 - b. I may divulge confidential information to others only if specifically authorized to do so by statute, court rule, judicial policy, or court order.
 - c. Maintaining confidentiality includes not discussing confidential information outside of the workplace, or outside of my official work duties, to include social media posts or comments.
4. I agree to consult my supervisor on any questions I may have concerning whether information may be disclosed.
5. I understand that using this information for non-work duty purposes or unauthorized release of confidential information may be grounds for disciplinary or legal action, to include termination of employment.
6. I agree to notify my supervisor immediately should I become aware of a situation, which could result in a violation of this agreement, whether this be on my part or on the part of another person.

Signature

Date

Printed Name



WASHINGTON STATE LEGISLATURE

Chapter 9A.44 RCW

Sex Offenses

RCW Sections

- [9A.44.010](#) Definitions.
- [9A.44.020](#) Testimony -- Evidence -- Written motion -- Admissibility.
- [9A.44.030](#) Defenses to prosecution under this chapter.
- [9A.44.040](#) Rape in the first degree.
- [9A.44.045](#) First degree rape -- Penalties.
- [9A.44.050](#) Rape in the second degree.
- [9A.44.060](#) Rape in the third degree.
- [9A.44.073](#) Rape of a child in the first degree.
- [9A.44.076](#) Rape of a child in the second degree.
- [9A.44.079](#) Rape of a child in the third degree.
- [9A.44.083](#) Child molestation in the first degree.
- [9A.44.086](#) Child molestation in the second degree.
- [9A.44.089](#) Child molestation in the third degree.
- [9A.44.093](#) Sexual misconduct with a minor in the first degree.
- [9A.44.096](#) Sexual misconduct with a minor in the second degree.
- [9A.44.100](#) Indecent liberties.
- [9A.44.105](#) Sexually violating human remains.
- [9A.44.115](#) Voyeurism.
- [9A.44.120](#) Admissibility of child's statement -- Conditions.
- [9A.44.130](#) Registration of sex offenders and kidnapping offenders -- Procedures -- Definition -- Penalties.
- [9A.44.135](#) Address verification.
- [9A.44.140](#) Registration of sex offenders and kidnapping offenders -- End of duty to register -- Expiration of subsection.
- [9A.44.145](#) Notification to offenders of changed requirements.
- [9A.44.150](#) Testimony of child by closed-circuit television.
- [9A.44.160](#) Custodial sexual misconduct in the first degree.
- [9A.44.170](#) Custodial sexual misconduct in the second degree.
- [9A.44.180](#) Custodial sexual misconduct -- Defense.
- [9A.44.900](#) Decodifications and additions to this chapter.
- [9A.44.901](#) Construction -- Sections decodified and added to this chapter.
- [9A.44.902](#) Effective date -- 1979 ex.s. c 244.
- [9A.44.903](#) Section captions -- 1988 c 145.



WASHINGTON STATE LEGISLATURE

RCW 13.40.570

Sexual misconduct by state employees, contractors. (Effective July 1, 2006.)

- (1) When the secretary has reasonable cause to believe that sexual intercourse or sexual contact between an employee and an offender has occurred, notwithstanding any rule adopted under chapter [41.06](#) RCW the secretary shall immediately suspend the employee.
- (2) The secretary shall immediately institute proceedings to terminate the employment of any person:
 - (a) Who is found by the department, based on a preponderance of the evidence, to have had sexual intercourse or sexual contact with the offender; or
 - (b) Upon a guilty plea or conviction for any crime specified in chapter [9A.44](#) RCW when the victim was an offender.
- (3) When the secretary has reasonable cause to believe that sexual intercourse or sexual contact between the employee of a contractor and an offender has occurred, the secretary shall require the employee of a contractor to be immediately removed from any employment position which would permit the employee to have any access to any offender.
- (4) The secretary shall disqualify for employment with a contractor in any position with access to an offender, any person:
 - (a) Who is found by the department, based on a preponderance of the evidence, to have had sexual intercourse or sexual contact with the offender; or
 - (b) Upon a guilty plea or conviction for any crime specified in chapter [9A.44](#) RCW when the victim was an offender.
- (5) The secretary, when considering the renewal of a contract with a contractor who has taken action under subsection (3) or (4) of this section, shall require the contractor to demonstrate that there has been significant progress made in reducing the likelihood that any of its employees will have sexual intercourse or sexual contact with an offender. The secretary shall examine whether the contractor has taken steps to improve hiring, training, and monitoring practices and whether the employee remains with the contractor. The secretary shall not renew a contract unless he or she determines that significant progress has been made.
- (6)(a) For the purposes of RCW [50.20.060](#), a person terminated under this section shall be considered discharged for misconduct.
- (b)(i) The department may, within its discretion or upon request of any member of the public, release information to an individual or to the public regarding any person or contract terminated under this section.
- (ii) An appointed or elected public official, public employee, or public agency as defined in RCW [4.24.470](#) is immune from civil liability for damages for any discretionary release of relevant and necessary information, unless it is shown that the official, employee, or agency acted with gross negligence or in bad faith. The immunity provided under this section applies to the release of relevant and necessary information to other public officials, public employees, or public agencies, and to the public.
- (iii) Except as provided in chapter [42.56](#) RCW, or elsewhere, nothing in this section shall impose any liability upon a public official, public employee, or public agency for failing to release information authorized under this section. Nothing in this section implies that information regarding persons designated in subsection (2) of this section is confidential except as may otherwise be provided by law.
- (7) The department shall adopt rules to implement this section. The rules shall reflect the legislative intent that this section prohibits individuals who are employed by the department or a contractor of the department from having sexual intercourse or sexual contact with offenders. The rules shall also reflect the legislative intent that when a person is employed by the department or a contractor of the department, and has sexual intercourse or sexual contact with an offender against the employed person's will, the termination provisions of this section shall not be invoked.
- (8) As used in this section:
 - (a) "Contractor" includes all subcontractors of a contractor;
 - (b) "Offender" means a person under the jurisdiction or supervision of the department; and
 - (c) "Sexual intercourse" and "sexual contact" have the meanings provided in RCW [9A.44.010](#).

Volunteer Initials

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VOLUNTEER BACKGROUND CHECK AUTHORIZATION AND RELEASE

PRINT LEGIBLY:

Last Name

First Name

Middle Name

All Other Previous Names Used

Date of Birth (MM/DD/YYYY)

Driver's License Number/State

Social Security Number

States of Residence (Current and all former within last 10 years)

Acknowledgement

A background check is required of all Benton-Franklin Counties Juvenile Justice Center (BFJJC) volunteers assigned to work with youth or programs affiliated with BFJJC. Successful completion of the background check, as determined by BFJJC, is required prior to the first day of assignment. **I understand that volunteer status with BFJJC is contingent upon the results of a background check. I understand that adverse findings during my background check may result in withdrawal of any offer of assignment with BFJJC, and/or termination of my assignment with BFJJC. I further understand that if I am found to have made any false or misleading statements in my application or background check materials, I may have my volunteer status terminated even after I have started an assignment, and may subject myself to criminal prosecution.**

Authorization and Release

I hereby authorize BFJJC to conduct a background check in connection with my application for volunteer assignment with BFJJC. I understand that this background check may include, but is not limited to, a review of records on file with the Washington State Patrol, the FBI National Crime Information Computer (NCIC) and Interstate Identification Index (III), local law enforcement agencies, the Department of Licensing, courts of law, and other agencies, and also may, depending upon my assignment, involve fingerprinting. I understand that a more comprehensive background check is required for certain BFJJC volunteer positions and may include review of records relating to arrests and/or other contacts with law enforcement.

This release form authorizes yearly background/fingerprint checks as required by law on all GAL volunteers while on active cases, social security number verification every 4 years, and a National Sex Offender Registry background check.

I hereby authorize and request any person, government entity, law enforcement or criminal justice agency and/or other organization (public or private) to provide any information and/or records solicited by BFJJC in connection with my volunteer application with BFJJC. I hereby release those persons and entities, and BFJJC, its elected officials, judges, directors, appointees, managers, employees, volunteers, agents, and assigns, from any and all liability that may result from providing and/or soliciting such information and/or records. A facsimile copy or photocopy of this waiver shall have the same force and effect as a copy with my original signature.

Adverse History Information

The following information pertains to all incidents, whether under Washington State law, the law of another State, or federal law. **If you answer “yes” to any question, please provide details including the date, location/jurisdiction, case number, charge if applicable, and arresting agency if possible.**

Yes No Have you ever been convicted of, or are you currently charged with, any crime (this includes adjudications as a juvenile unless expunged or vacated)?

Yes No Have you ever been found by way of any judicial, administrative, or employer process or investigation to have committed sexual harassment or to have engaged in any other forcible or nonconsensual sexual conduct?

Yes No Have you ever been terminated from employment or a previous position (including volunteer positions), or permitted to resign in lieu of termination?

Continuing Nature of Adverse Information

I understand that during all times I have volunteer status with BFJJC, I am required to inform my immediate supervisor or coordinator any time I am charged with or convicted of any crime, and any time I am named as a defendant/respondent in any lawsuit or complaint alleging sexual harassment or other forcible or nonconsensual sexual conduct. I understand that failure to make such notification within one business day of such action, excluding any time I am incarcerated or otherwise incapable of making such notification, shall be grounds for discipline up to and including immediate termination of my volunteer status with BFJJC.

I have read, fully understand, and voluntarily provide this Authorization and Release. By signing below, I also certify, under penalty of perjury as provided by the laws of the State of Washington, that I am the person identified above, and that all of the biographical, adverse history, and other information provided above is true, correct, and complete to the best of my knowledge.

Signature Of Volunteer Applicant

Date

Volunteer: A copy of your valid Washington State Driver’s License or ID card must be included with this form when returned



WASHINGTON
COURTS
ADMINISTRATIVE OFFICE OF THE COURTS

**WAIVER OF CONFIDENTIALITY
 GAL PROGRAM**
 FORM APPROVED 10-07

I, _____, have applied to serve as a volunteer Guardian ad Litem in Dependency cases for Washington Courts. As part of the application process, I understand that I must submit to a criminal background check by providing fingerprint images to the Washington State Patrol and the Federal Bureau of Investigation. Furthermore, I understand that before I am assigned a dependency case, the Local GAL program manager pursuant to local standards must review and consider any information reported by the criminal background check.

By signing this form, I hereby acknowledge that criminal background information and other criminal history related information received from the Washington State Patrol and Federal Bureau of Investigation criminal background check will be released to the following:

1. Benton/Franklin GAL Program
2. Administrative Office of the Courts
3. _____
(list other agency if applicable)

 GAL Volunteer Signature

 Date

 Print Name

 Program Manager Signature

 Date

**BENTON-FRANKLIN COUNTIES GAL PROGRAM
VOLUNTEER PERSONAL INFORMATION SHEET**

NAME: _____			RACE: _____	
HIGH SCHOOL: _____ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No			(for statistical purposes only; will not be included on Background Information Record)	
COLLEGE ATTENDED:				
Name:	Dates attended:	Area(s) of study:	Graduated?	Degree Achieved (BA, BS, etc)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE SCHOOL ATTENDED:				
Name:	Dates attended:	Area(s) of study:	Graduated?	Degree Achieved
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER COUNTIES OR GAL PROGRAMS IN WHICH YOU WERE APPOINTED; DATE AND NUMBER OF APPOINTMENTS IN THAT COUNTY/PROGRAM:				
OTHER TRAINING RELEVANT TO GAL ROLE: (Please List)				

I understand that as a condition of appointment, a guardian ad litem's background information record shall be made available to the court (per RCW 13.34.100). I agree to inform the Benton/Franklin GAL Program of any updates to the background information provided above.

Volunteer's signature

Date

In-State Child Abuse and Neglect Founded Findings Request

The information provided through this service is limited to the existence of founded findings (substantiated findings) of allegations of child abuse and neglect and complies with the Adam Walsh Child Protection and Safety Act, the Child Care and Development Block Grant Act and the Family First Prevention Services Act.

Instructions: This form must be filled out electronically and signed. Any handwritten or incomplete forms will be returned for correction.

- I. Complete one form for each individual for whom a child abuse/neglect findings request is being requested and:
 - a. E-mail to CANhistorychecks@dcyf.wa.gov, or
 - b. Fax completed requests to 206-341-7930, or
 - c. Mail completed requests to:

Department of Children, Youth, and Families CA/N History Checks
500 1st Avenue South, Suite 501
Seattle, WA 98104

Call 206-341-7938 or e-mail CANhistorychecks@dcyf.wa.gov with any questions.

Applicant – Please fill out only Section C (yellow highlighted section) and sign Signature Page (attached).

A. Requestor Information			
LAST NAME	FIRST NAME	AGENCY NAME AND REQUESTOR'S TITLE	
		Benton/Franklin Counties GAL Program	
MAILING ADDRESS		CITY	STATE ZIP CODE
5606 W Canal Pl, Suite 106		Kennewick	WA 99336
TELEPHONE NUMBER (WITH AREA CODE):	FAX NUMBER (WITH AREA CODE):	E-MAIL ADDRESS	
(509)783-2151	(509)736-2728		
B. Signature of Requestor			
REQUESTED BY (SIGNATURE)			DATE SIGNED
C. Subject of Records Requested			
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
PREVIOUS NAMES USED (AKA, ALIASES OR MAIDEN)		GENDER	Social Security Number
CURRENT WASHINGTON STATE MAILING /STREET ADDRESS		CITY	STATE ZIP CODE
D. Authorization			
By signing below, I authorize the State of Washington Department of Children, Youth, and Families to release confidential information about the existence of any founded findings of child abuse or neglect to the requesting individual or agency identified above.			
SUBJECT'S SIGNATURE			DATE SIGNED
(See Attached Signature Page)			(See attached)
Response by the Washington State DCYF			
The result of a search of the DCYF child welfare records, pursuant to the data provided above is as follows:			
<input type="checkbox"/> Our records do not indicate that the person identified in your inquiry request has been named as a subject in a founded finding of abuse or neglect.			
<input type="checkbox"/> Our records indicate that one or more founded findings exist in which the person identified in your inquiry request was the subject.			
STAFF SIGNATURE			DATE SIGNED



Authorization By Subject of Records Requested	
By signing below, I authorize the State of Washington Department of Children, Youth, and Families to release my confidential information about the existence of any founded findings of child abuse or neglect to the requesting individual, agency or organization identified on the Child Abuse and Neglect Founded Findings Request.	
SUBJECT'S SIGNATURE	DATE SIGNED

DCYF CA/N Signature Authorization (03/2020)

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. ¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. ²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d)

Applicant Initials	Date copy provided