



## Grays Harbor Medical Reserve Corps

## Background Check and Disclosure Form

**Please return to:**  
Grays Harbor Public Health and Social Services  
ATTN: Medical Reserve Corps  
2109 Sumner Ave  
Aberdeen, WA 98520  
(360) 532-8631 FAX (360) 533-1983

<b>Disclosure Statement</b>			
<b>Name: Last:</b>	<b>First:</b>	<b>MI:</b>	
<p>You are applying for a position which may be directly responsible for the care, supervision, or treatment of children or vulnerable adults. As provided by Washington State Law under RCW 43.43.830 -43.43.845, applicants must provide a disclosure statement of certain civil adjudications and findings. Information obtained from the disclosure statement will be used only to determine suitability of the applicant and will not necessarily preclude appointment.</p> <p>Please answer the following:</p>			
Have you ever been convicted of a felony?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain:</i>	
Have you had findings made against you in any civil adjudicative proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain:</i>	
Have you been convicted of any crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain:</i>	
<p><i>The following information will be used for the purposes of obtaining a criminal background check. You are entitled to a copy of the findings. Information will only be used for the purposes of making appointment decisions.</i></p>			
Date of Birth:	Social Security Number:    -    -    -		
Other names used:			
<b>Professional Disclosure</b>			
<b><i>For Health Professionals Only</i></b>			
Has your professional license or certification ever been suspended or revoked in Washington state or anywhere else?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Comment:</i>	
<b>Release of Information</b>			
<p><b><i>I verify that the information provided in the Medical Reserve Corps Background Check and Disclosure Form is accurate to the best of my knowledge.</i></b></p> <p><b><i>I understand that Grays Harbor County will be conducting a criminal background check.</i></b></p> <p><b><i>I give permission for Grays Harbor County to inquire into my background including criminal background checks, professional licenses, educational background, references, licenses, driving records, police reports, employment or volunteer history.</i></b></p> <p><b><i>I also give permission to the holder of any such information to release it to Grays Harbor County.</i></b></p> <p><b><i>I hold Grays Harbor County harmless of any liability, criminal or civil, that may arise as a result of the release of this information. I also hold harmless any individual or organization that provides information to the above-named agency. I understand that Grays Harbor County will use this information only as part of its verification of my volunteer application.</i></b></p>			

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Volunteers Building Strong, Healthy and Prepared Communities*