

## DISCLOSURE STATEMENT

As a MultiCare volunteer, your activities may include unsupervised access to children, vulnerable adults and developmentally disabled individuals. Washington law requires that we obtain disclosure statements from and obtain a Washington State Patrol (or similar law enforcement agency criminal background check) on you. **YOUR VOLUNTEER POSITION WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.**

Pursuant to the requirements of Washington State law (RCW 43.43.830-842), we must ask you to complete the following disclosure statement. This information will be maintained in accordance with state law.

Have you ever been convicted of any of the following crimes against children or other persons including adult and juvenile offenses? Convictions include judge or jury verdicts, guilty pleas, "Alford" pleas or pleas of "nolo contendere."

Yes	No		Yes	No	
		Aggravated murder			Indecent liberties
		Arson 1 <sup>st</sup> degree			Kidnapping 1 <sup>st</sup> degree
		Assault in 1 <sup>st</sup> degree			Kidnapping 2 <sup>nd</sup> degree
		Assault in 2 <sup>nd</sup> degree			Malicious harassment
		Assault in 3 <sup>rd</sup> degree			Manslaughter in 1 <sup>st</sup> degree
		Assault in 4 <sup>th</sup> degree (simple assault)			Manslaughter in 2 <sup>nd</sup> degree
		Assault of a child in 1 <sup>st</sup> degree			Murder in 1 <sup>st</sup> degree
		Assault of a child in 2 <sup>nd</sup> degree			Murder in 2 <sup>nd</sup> degree
		Assault of a child in 3 <sup>rd</sup> degree			Patronizing a juvenile prostitute
		Burglary 1 <sup>st</sup> degree			Promoting pornography
		Child abandonment			Promoting prostitution 1 <sup>st</sup> degree
		Child abuse or neglect as defined in RCW 26.44.020			Prostitution
		Child buying or selling			Rape 1 <sup>st</sup> degree
		Child molestation 1 <sup>st</sup> degree			Rape 2 <sup>nd</sup> degree
		Child molestation 2 <sup>nd</sup> degree			Rape 3 <sup>rd</sup> degree
		Child molestation 3 <sup>rd</sup> degree			Rape of a child 1 <sup>st</sup> degree
		Communication with a child for immoral purposes			Rape of a child 2 <sup>nd</sup> degree
		Criminal abandonment			Rape of a child 3 <sup>rd</sup> degree
		Criminal mistreatment			Robbery 1 <sup>st</sup> degree
		Custodial assault			Robbery 2 <sup>nd</sup> degree
		Custodial interference 1 <sup>st</sup> degree			Selling or distributing erotic materials to a minor
		Custodial interference 2 <sup>nd</sup> degree			Sexual exploitation of minors
		Custodial sexual misconduct 1 <sup>st</sup> degree			Sexual misconduct with a minor 1 <sup>st</sup> degree
		Custodial sexual misconduct 2 <sup>nd</sup> degree			Sexual misconduct with a minor 2 <sup>nd</sup> degree
		Extortion 1 <sup>st</sup> degree			Theft 1 <sup>st</sup> degree
		Extortion 2 <sup>nd</sup> degree			Theft 2 <sup>nd</sup> degree
		Extortion 3 <sup>rd</sup> degree			Theft 3 <sup>rd</sup> degree
		Felony indecent exposure			Unlawful imprisonment
		Forgery			Vehicular homicide (negligent homicide)
		Incest			Violation of a child abuse restraining order
		Manufacture or delivery of a controlled substance			Possession with the intent to manufacture or deliver a controlled substance
		Endangerment with a controlled substance			Or any of these crimes as they may 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.

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**Disclosure of Exclusion from Federal Health Care Programs or Government Contracts:**

Under federal law, MultiCare Health System (MHS) is prohibited from employing or contracting with persons excluded from participation in federal health care programs or government contracts. Federal health care programs include Medicare, Medicaid, Tricare, and other programs funded by the federal government. Exclusion may be the result of misconduct ranging from fraud convictions, to patient abuse, to default on health education loans.

- 1. Have you ever been convicted of a crime resulting in your exclusion from participation in federal health care programs or a government contract?  
 Yes       No
  
- 2. To your knowledge, has your name ever appeared on the Office of the Inspector General's List of Excluded Individuals/Entities?  
 Yes       No
  
- 3. Are you currently part of a legal proceeding regarding possible exclusion from federal health care programs or a government contract?  
 Yes       No
  
- 4. To your knowledge, has your name ever appeared on the General Services Administration's List of Parties Excluded from Federal Procurement and Non Procurement Programs?  
 Yes       No

Please explain any "yes" responses:

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UNDER PENALTY OF PERJURY, I certify that this information is true, correct and complete. I understand that if I am selected to volunteer, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am selected, my volunteer role is conditioned upon the receipt of a satisfactory criminal background check, and verification that my name does not appear on the Office of Inspector General's List of Excluded Individuals/Entities or the General Services Administration's List of Parties Excluded from Federal Procurement and Non Procurement Programs.

In addition, I understand that ongoing criminal background checks may be conducted annually I agree to notify Volunteer Services at MHS of any change in status for any crime or matter that would disqualify a person from volunteering at MHS under applicable laws. Failure to report a change in status, conviction or finding, or cooperate with continuing background checks may result in immediate dismissal from volunteering at MHS.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

We may request your permission and/or your fingerprints to obtain from the various national and state agencies' criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions.

In the event MultiCare Health System conducts a Washington State Patrol check, you will be notified of the state's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.