

Thurston/Mason Chemical Dependency Action Committee Application

I am seeking appointment to the Thurston/Mason Chemical Dependency Action Committee:

Name: _____

Mailing Address: _____

City: _____ Zip: _____

Phone ~ (Home): _____ Phone ~ (Work): _____

Fax: _____ Email: _____

A Washington State Patrol (WSP) Identification and Criminal History check will be required prior to your appointment to this Committee. Therefore the following information is required. Please also complete the attached Applicant Disclosure Form; sign and return with your application.

Race:

Asian

American Indian & Alaskan Native

Black or African American

Hispanic/Latino

White

Two or More Races

Other _____

Date of Birth: _____ **Sex:** Male Female

In Recovery: Yes No (This question is voluntary)

1. Briefly describe why you would like to serve on this Action Committee.

2. Are you available for day meetings? Yes No
Evening meetings? Yes No

3. What knowledge and skills would you bring to the Committee?

4. List current activities and/or volunteer work that you are involved in.

5. List past (within five years) activities and/or volunteer work that you were involved in.

6. List current boards/committees that you are involved with.

7. List past (within five years) current boards/committees that you are involved with.

8. List your educational background.

9. Please indicate your level of knowledge/experience. 0 = no expertise; 5 = expert

0 1 2 3 4 5

Chemical Dependency Treatment

10. What is your current occupation?

11. Current employer, if any.

12. List past occupation(s) & place(s) of employment (past five years).

13. List three (3) personal and/or professional references.

_____	_____
Name	Phone/Email
_____	_____
Name	Phone/Email
_____	_____
Name	Phone/Email

Other Comments.

Appointment to this Committee will require your attendance at scheduled meetings specific to a project. Members are appointed for a three (3) year term.

Signature _____ Date _____

Please feel free to attach any information you feel pertinent. Call (360) 786-5585 ext. 17205# if you have any questions.

Please return this completed form to:

**Tina Gehrig
Thurston County Social Services
412 Lilly Road NE
Olympia, WA 98506**

Please remember to complete, sign, and return the attached Applicant Disclosure Form.

APPLICANT DISCLOSURE FORM PURSUANT TO CHAPTER 43.43 RCW

Thurston County takes seriously its obligation to provide a safe atmosphere for all persons involved in youth activities. As you know, child abuse is of increasing concern to everyone. The purpose of this Disclosure form is to implement the Washington Child and Adult Abuse Information Act. Our intent is to do what we can to assure the well-being of all youth we serve.

NOTE: By completing this form, applicants understand that an inquiry may be made to the Washington State Patrol under the Child and Adult Abuse Information Act to determine whether the applicant has any history relating to crimes against the person or child abuse.

In answering these questions, you should keep in mind two important definitions. The term "financial exploitation" means: the illegal or improper use of a vulnerable adult or that adult's resources for another person's profit or advantage. The term "vulnerable adult" means: a person sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself or a patient in a state hospital as defined in chapter 72.23 RCW.

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date and the court(s) or board(s) involved.

1. Have you ever been convicted of any of the following crimes: Aggravated murder; 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 rape of a child; 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?

ANSWER _____ IF YES, EXPLAIN BELOW:

2. Have you been convicted of any of the following crimes when the crime involved a "vulnerable adult" (as defined above): first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery?

ANSWER _____ IF YES, EXPLAIN BELOW:

3. Have you ever been found in any dependency action under RCW 13.43.030 (2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

ANSWER _____ IF YES, EXPLAIN BELOW:

*Please make sure that you turn this form over, complete the questions, and sign the statement on the back.

4. Have you ever been 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?

ANSWER _____ IF YES, EXPLAIN BELOW:

5. Have you ever been 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" (as defined above)?

ANSWER _____ IF YES, EXPLAIN BELOW:

6. Have you been found in a protection proceeding under chapter 74.34 RCW (entitled, Abuse of Vulnerable Adults) to have abused or "financially exploited" a "vulnerable adult" (as defined above)?

ANSWER _____ IF YES, EXPLAIN BELOW:

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Print Name

Applicant Signature

Date and Place

12/29/95