



VOLUNTEER SPECIAL EVENT APPLICATION

This application is intended for volunteers who wish to only volunteer for a specific event. Any volunteers who would like to volunteer on a regular basis, or for more than one event over the span of one school year must fill out the Volunteer Application Packet and attend a Volunteer Orientation.

Event Name: Family Camp 2024

Event Date(s): 5/3/24-5/5/24

*Event Supervisor: Christy Camarata

*** Event supervisor must be a CDHY staff**

Name: _____

Phone Number: _____

Address: _____ Email: _____

DISCLOSURE STATEMENT

This disclosure statement shall be completed and signed prior to volunteer services for Washington School for the Deaf.

I hereby declare that I have/have not been: (put a YES or NO by each listing)

_____ convicted of any crime against children or other persons;

_____ convicted of crimes relating to financial exploitation, the victim was a vulnerable adult;

_____ convicted of crimes related to drugs as defined in [RCW 43.43.830](#);

_____ 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;

_____ found by a court in a domestic relations proceeding under [Title 26 RCW](#) to have sexually abused or exploited any minor;

_____ found in any disciplinary board final decisions to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult;

_____ found by a court in protection proceeding under [Chapter 74.34 RCW](#), to have abused or financially exploited a vulnerable adult.

I certify under penalty of perjury, under the laws of the state of Washington that the proceeding are true and correct:

Date of birth: _____ Maiden name or other aliases used: _____

Print Name: _____ Signature: _____

Date: _____ Place signed (city, county, state) _____

If under 18 – need parent signature: _____

****ATTACH A CLEAR COPY OF YOUR PHOTO ID****