



# CLALLAM COUNTY BOARD & COMMITTEE APPLICATION

**Return Completed Application to:**  
Clallam County Human Resources Department  
223 E. 4th St., Suite 16  
Port Angeles, WA 98362-3015

*Clallam County is an Equal Opportunity Employer  
& Drug Free Workplace*

FOR OFFICE USE ONLY

### INSTRUCTIONS FOR COMPLETING THIS APPLICATION

- **Complete the application thoroughly.** Applications that are incomplete will not be accepted. Resumes may be used to supplement an application, but may not be used in lieu of completing the application form.
- Be sure to sign your name and enter the date you signed it where the application asks. **Original signature is required.** (scanned and emailed copies will not be saved or used).

### GENERAL INFORMATION:

|   |  |
|---|--|
| Name ( <i>First, Middle Initial, Last</i> ):  | Name of Committee:   |
|   | Category (if applicable):  |
| Mailing Address:  | City, State, Zip:  |
| Residence Address ( <i>if different from above</i> ):   | City, State, Zip:  |
| Day Phone:  | Email:   |
| Evening Phone:  |  |
| Will you need access to a County computer: <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you intend to drive on behalf of the County: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | (If you said yes to the above question, a Driving Abstract will be required.)                            |

### REFERENCES:

**LIST THREE INDIVIDUALS NOT RELATED TO YOU WHO CAN PROVIDE JOB-RELATED OR CHARACTER REFERENCE INFORMATION ABOUT YOU. NAME, ADDRESS AND PHONE INFORMATION IS REQUIRED.**

|                            |                    |
|----------------------------|--------------------|
| 1. NAME OF REFERENCE _____ | RELATIONSHIP _____ |
| ADDRESS _____              |                    |
| CURRENT PHONE _____        |                    |
| 2. NAME OF REFERENCE _____ | RELATIONSHIP _____ |
| ADDRESS _____              |                    |
| CURRENT PHONE _____        |                    |
| 3. NAME OF REFERENCE _____ | RELATIONSHIP _____ |
| ADDRESS _____              |                    |
| CURRENT PHONE _____        |                    |

**EXPERIENCE, SPECIAL SKILLS & LICENSES:**

|  |
|--|
| Summarize your experience, special skills and qualifications, including hobbies:   |
|  |
|  |
|  |
|  |
| Place of employment, if employed:  |
| Volunteer experience:  |
|  |
| Special training/courses (include computer training):  |
|  |
| Are you fluent in any languages other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, please list: |

**ADDITIONAL INFORMATION:**

|  |
|--|
| Explain why you wish to serve on this board/committee: |
|  |
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|  |
|  |
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|  |
|  |
|  |
|  |
| Please describe your education/career background:      |
|  |
|  |
|  |
|  |

Clallam County does not place volunteers in positions of direct supervision by a relative. Please list any relatives (including spouse) employed by Clallam County:

|                         |                   |
|-------------------------|-------------------|
| Name of Relative: _____ | Department: _____ |
| Name of Relative: _____ | Department: _____ |

**EMERGENCY CONTACTS:**

Please list two people to notify in case of emergency.

|                               |                     |
|-------------------------------|---------------------|
| Name: _____                   | Relationship: _____ |
| Address: _____                |                     |
| City, State & Zip Code: _____ |                     |
| Phone: (Home) _____           | (Work): _____       |

  

|                               |                     |
|-------------------------------|---------------------|
| Name: _____                   | Relationship: _____ |
| Address: _____                |                     |
| City, State & Zip Code: _____ |                     |
| Phone: (Home) _____           | (Work): _____       |

**Notice to Volunteers**

Volunteers are not considered to be Clallam County employees for any purpose. Injury compensation will be provided as described in the service agreement. The data furnished on this form is furnished voluntarily and will only be used to contact, interview and place volunteers in their assignments. Volunteers are expected to track all hours served on the time sheets provided. This is a requirement for volunteering with Clallam County and provides supplemental injury compensation, should that be necessary. Selection and dismissal as a volunteer is totally at the discretion of the department head or elected official and may be with or without cause. No property rights are created by volunteering for the County. NOTE: Based on questions answered in this document, additional training may be required.

**AGREEMENT & CERTIFICATION:**

I HEREBY CERTIFY, UNDER THE PENALTY OF PERJURY IN THE STATE OF WASHINGTON, THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION, MY APPLICATION MAY BE REJECTED, AND MY NAME MAY BE REMOVED FROM CONSIDERATION.

  
  

\_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_  
DATE

**To Apply:**

- County Board & Committee Application
- Notarized* Waiver and Authorization to Release Personal History Information
- Volunteer Disclosure Statement
- Confidentiality Agreement

**Address or Deliver Packet To:**

Clallam County Human Resources  
Attn: Brenda Peterson  
223 E. 4<sup>th</sup> Street, Suite 16  
Port Angeles, WA 98362



# CLALLAM COUNTY

## WAIVER AND AUTHORIZATION TO RELEASE PERSONAL HISTORY INFORMATION

TO BE COMPLETED BY APPLICANT AND SUBMITTED WITH APPLICATION  
THIS FORM MUST BE NOTARIZED

A complete personal and criminal background investigation will be conducted before volunteering for this position. Therefore, the following information is necessary. Proof of name and date of birth is required. *I fully understand that this document, and all information contained herein, is subject to release during the process of collecting information outlined below.*

**I CERTIFY THAT THE INFORMATION PROVIDED BELOW IS COMPLETE AND ACCURATE:**

NAME: \_\_\_\_\_

OTHER NAMES KNOWN BY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

**WAIVER AND AUTHORIZATION TO RELEASE INFORMATION:**

TO WHOM IT MAY CONCERN: I, \_\_\_\_\_, sign this waiver and authorization (or "authorization") knowingly and voluntarily and acknowledge by signing this document I am surrendering certain legal rights I may otherwise hold, such as those provided in federal law at 5 U.S.C. §552(a). I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of Clallam County, whether the said records are of public, private or confidential nature.

I emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and professional life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Clallam County Human Resources Department to consider in determining my suitability as a volunteer for Clallam County. I understand that all materials pertaining to this background investigation become the property of the Clallam County Human Resources Department and I will not have access to any of the background investigation.

The intent of this authorization is to give my consent to Clallam County Human Resources to verify my education as claimed (if needed); obtain arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and /or traffic records. In essence, I consent to a criminal history search, education verification (as needed), and references to be contacted (as needed) so as to properly evaluate my suitability for the volunteer position I have applied for. In addition, this information is needed by Clallam County Human Resources to reflect that a proper background investigation has been completed in order to meet internal insurance qualification standards.

*I agree to indemnify and hold harmless any person to whom this request is presented and their agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of their compliance with this request. I also agree to indemnify and hold harmless Clallam County, its agents and employees from and against all claims for damages, losses and expenses, including reasonable attorney's fees, arising out of, or by reason of, release of such information identified in this document. I further understand, the sources of confidential information will not be revealed to me.*

\* A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. The original of this form is maintained at the Clallam County Human Resources Department and will be made available upon request.

This release will expire one (1) year after date of execution and, prior to that time may be deemed irrevocable.

Signature **(SIGN IN FRONT OF NOTARY)** \_\_\_\_\_

Date of Execution: \_\_\_\_\_

Printed Name \_\_\_\_\_

**TO BE COMPLETED BY NOTARY PUBLIC**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )ss

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY SEAL

I, the undersigned notary public, do affirm that the above individual has presented valid identification to me.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC



# Clallam County Volunteer Disclosure Statement

Pursuant to the requirements of RCW 43.43.830-840, we must ask you to complete the following disclosure statement. This information will be kept confidential.

Have you ever been convicted of any of the following crimes against persons?

YES NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Aggravated, first or second degree murder             |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree kidnapping                     |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree assault                 |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree rape                    |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree statutory rape          |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree robbery                        |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree arson                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree burglary                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree manslaughter                   |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree extortion                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Indecent liberties                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Incest  |
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicular homicide                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree promoting prostitution                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Communication with a minor                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Unlawful imprisonment                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Simple assault  |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual exploitation of minors                         |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree criminal mistreatment          |
| <input type="checkbox"/> | <input type="checkbox"/> | Child abuse or neglect as defined in RCW 25.44.020    |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree custodial interference         |
| <input type="checkbox"/> | <input type="checkbox"/> | Malicious harassment                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree child molestation       |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree sexual misconduct with a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | Patronizing a juvenile prostitute                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Child abandonment                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Promoting pornography                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Selling or distributing erotic material to a minor    |
| <input type="checkbox"/> | <input type="checkbox"/> | Custodial assault                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Violation of child abuse restraining order            |
| <input type="checkbox"/> | <input type="checkbox"/> | Child buying or selling                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Prostitution  |
| <input type="checkbox"/> | <input type="checkbox"/> | Or any of these crimes as they have been renamed      |



## Clallam County Volunteer Disclosure Statement

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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Has (a) a dependency action, (b) a domestic relations proceeding, or (c) a disciplinary board final decision found you to have sexually assaulted or exploited a minor, or to have physically abused or sexually abused a minor?  YES  NO

If your answer is "yes", please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed.

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We may request your fingerprints to obtain from the Washington State Patrol's 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. If you are selected before that report is available, YOUR VOLUNTEER POSITION WILL BE CONDITIONAL UPON THE RECEIPT OF A SATISFACTORY REPORT.

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

I certify under penalty of perjury that the above information is true, correct and complete. I understand that if I am selected, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am selected, my volunteer position is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signed in the City of \_\_\_\_\_, Washington, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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Signature

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Full Name (print)



# CLALLAM COUNTY

## CONFIDENTIALITY AGREEMENT

As an employee or volunteer of Clallam County, I understand that I may have access to "Confidential Information," which includes but is not limited to intelligence information, criminal history information, record information, investigative information, financial information, business practices/strategies, medical records, social security numbers, tax information, payroll, data bases and other sensitive information, regardless of whether such information is expressly designated as "Confidential Information" at the time of its creation. Confidential Information may be in written, electronic or oral form.

*I must comply with the following rules to be a volunteer or employee of Clallam County.*

1. I will not access or view any Confidential Information, or utilize equipment, other than what is required to do my job.
2. I will not disclose or discuss any Confidential Information with others, including friends or family, unless doing so serves a purpose or function of County government.
3. I understand my personal access code, user ID numbers and passwords used to access County computer systems must not be disclosed and are an essential part of retaining confidentiality unless authorized to do so and permissible by County policy (420).
4. I understand improper disclosure of such information by me, could be a violation of law as well as Clallam County Policy, and I would then be subject to disciplinary action up to and including dismissal, in addition to any civil or criminal penalty provided by law.
5. I will not assist any other person in obtaining or reviewing Confidential Information that the other person is not authorized to obtain or review, and I will immediately report to my department head or direct supervisor any activity that is a violation of this Agreement or any County policy.
6. I will always act in a professional manner with respect to Confidential Information, such that I will not discuss Confidential Information where unauthorized listeners might hear it, nor will I engage in transmitting or repeating gossip or hearsay, knowing that such disclosures could reflect unfavorably on both the County and me.
7. Transportation of Confidential Information shall be done with all County safeguards in place.
8. If I cease employment or volunteer status with the County I will leave in the custody of the County all Confidential Information, regardless of their format.
9. I understand the terms of this Agreement continue to apply after I am no longer a County employee or volunteer.

**BY SIGNING THIS DOCUMENT I UNDERSTAND AND AGREE TO THE FOLLOWING:**

I HAVE READ THE ABOVE AGREEMENT AND AGREE TO COMPLY WITH ALL OF ITS TERMS. I UNDERSTAND THAT VIOLATION OF THIS AGREEMENT MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE OF EMPLOYMENT AND/OR SUSPENSION AND LOSS OF PRIVILEGES, IN ACCORDANCE WITH CLALLAM COUNTY'S DISCIPLINE POLICY, AS WELL AS LEGAL LIABILITY.

SIGNATURE OF EMPLOYEE/VOLUNTEER: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_