

INSTRUCTIONS FOR CRIMINAL HISTORY/BACKGROUND APPLICATION CONFIDENTIALITY OATH

We want your background check to be processed as efficiently as possible, so please refer to the instructions below to avoid the need for questions or corrections that could delay processing.

1. Please use black or blue ink. Do not use a pencil to complete this form.
2. Check the appropriate box at the top of the form (NEW or RENEWAL).
3. Print clearly or type if necessary. Unreadable responses will require confirmation by telephone or a correction by you.
4. Use your full legal name.
5. Include the state that issued your driver's license, even if it is Washington (WA).
6. Be sure to leave no spaces blank. If you do not have a home or work telephone, driving restrictions, or arrest record, please enter N/A, No, None, or similar as needed. Blank spaces will require confirmation by telephone or a correction by you.
7. Emergency Contact Information (First and Last Name, Contact Number, Relationship to Emergency Worker) must be completed and may not include N/A, No, or None as the response.
8. Be sure to sign and date in both (2) required spaces on this form, which grants Whatcom County Sheriff's Office your permission to conduct this background check and agrees to the Oath of Confidentiality.

There are several options for returning your completed form.

- Fax the completed form to 360-738-2518
- Scan and attach the completed form to an email and send to cert@co.whatcom.wa.us
- Mail the completed form to:

Whatcom CERT
c/o WCSO-DEM
Public Safety Building
311 Grand Avenue
Bellingham, WA 98225

- Deliver the completed form to a staff member at WUECC during weekday business hours (telephone 360-676-6681 before you visit, as staffing hours vary):

Whatcom Unified Emergency Coordination Center (WUECC)
3888 Sound Way, Bellingham
Google map link: <https://goo.gl/O9kf1Q>



Whatcom County Sheriff's Office (WCSO)
311 Grand Ave.
Bellingham, WA 98225

COMMUNITY EMERGENCY RESPONSE TEAM (CERT)

CRIMINAL HISTORY/BACKGROUND APPLICATION

APPLICATION: NEW RENEWAL

CONFIDENTIALITY OATH

Instructions: Print clearly, provide your signature in two places below, and return to WCSO-Division of Emergency Management.

Last Name		First Name			Full Middle Name		
Maiden Name		Alias/Other Names Known As		Driver License Number		Issuing State	
Street Address				City		State/Zip	
Email Address(es)							
Home Phone		Work Phone			Cell Phone		
Date of Birth (mm/dd/yyyy)	Sex (male/female)	Height	Weight	Race	Eye Color	Hair Color	
EMERGENCY CONTACT INFORMATION <i>(In case of an emergency the following contact person will be notified)</i>							
First and Last Name			Contact Number		Relationship to Emergency Worker		
BACKGROUND INFORMATION							
Do you have any driving restrictions? If so, please explain:							
Have you ever been investigated or arrested for a crime? If so, please explain: <i>(Answering yes will not be an automatic disqualifier. Factors will be considered due to the nature, seriousness of the act, and the age and maturity of the applicant at the time of the act.)</i>							
<i>I understand that by signing this Application, I am acknowledging and approving the Whatcom County Sheriff's Office to make inquiries into my background, criminal history and driving record. I certify that the above information is true and correct.</i>							
Signature					Date		

VOLUNTEER CONFIDENTIALITY

Due to the nature of the services that the Whatcom County Sheriff's Office, Emergency Worker Volunteers provide, you may process and sometimes hear or see information that is confidential and not public record. For that reason, you are asked to sign an oath of confidentiality indicating that you will keep information to which you have access confidential and not discuss it with anyone other than the staff with whom you are working. Any violation of this confidentiality is a violation of the Sheriff's Office policy and state law and could result in jeopardizing an on-going investigation.

OATH OF CONFIDENTIALITY

1. The undersigned will access Sheriff's Office records only as necessary to perform job duties.
2. The undersigned agrees not to divulge, publish, or otherwise make known to anyone except Sheriff's Office employees, orally or in writing, any information gained through access to the Sheriff's Office records.
3. It is understood and agreed upon that the foregoing conditions do NOT cease at such time as the undersigned is no longer a volunteer with the Sheriff's Office. The undersigned is permanently bound by said regulations on confidentiality.
4. Violation of conditions 1 through 3 may subject the undersigned to disciplinary action, which may include termination of volunteer status, civil action, and/or criminal prosecution. This does not preclude the undersigned from reporting misconduct they have knowledge of or truthfully testifying in any official proceedings.

Signature of Volunteer

Date