WASHINGTON STATE UNIVERSITY
CHELAN/DOUGLAS COUNTY EXTENSION

STRENGTHENING FAMILIES PROGRAM
FACILITATOR APPLICATION – PART A

Participation as a **Strengthening Families Program Facilitator** is contingent upon returning this form to the WSU Extension Office and having Washington State Patrol clearance. WSU Extension takes seriously its obligation to provide a safe atmosphere for all persons involved in activities.

1. Name: _____
   First Middle Last
2. Mailing Address: _____
   Street City Zip
3. Length of time at current address: _____ Email Address:_____
4. Daytime Phone: (_____)_____Best time to call: _____

   Evening Phone: (_____)_____ Best time to call: _____

5. Educational Background and Degrees Obtained: _____
7. Previous work or volunteer experience: (List current or most recent experience first.)

   Employer or Organization Position, Title or Role Years

   _____

   _____

   _____
8. Why do you wish to become involved in the Strengthening Families Program?

   _____
9. What experiences and skills do you have in teaching and working with groups of parents and/or and youth ages 10 – 14? (Please include work, volunteer, clubs, church, etc.)

   Youth _____

   _____

   Parents _____

   _____
10. Do you prefer working with youth or parents? Parents_____ Youth_____ Both_____
11. Are you bilingual? If yes, in what language(s) are you able to speak, read and write?

    _____

I wish to be a Strengthening Families Program Facilitator and understand a criminal background check will be completed prior to final consideration of my application. A criminal record will be considered as it relates to the specifics of the position for which you are applying. A criminal record may prevent an individual from being a Strengthening Families Program Facilitator, depending on the nature of the offense. I understand that misrepresentation or omission of required information is just cause and may also prevent an individual from participation in Strengthening Families Programs conducted by Washington State University Extension.

*Applicant's Signature*_____*Date*_____

(Continued on Back)

STRENGTHENING FAMILIES PROGRAM FACILITATOR
APPLICATION FORM - PART B

Name: _____
(First) (Middle) (Last)

_____
(Former Name(s) (Legal or Preferred Name(s)

_____ _____
Date of Birth (MM/DD/YYYY) Driver's License Number

Background Disclosure:
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) involved.

1. Convicted of any crime against children or other persons.
   ANSWER _____ IF YES, EXPLAIN BELOW:
   _____

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult.
   ANSWER_____IF YES, EXPLAIN BELOW:
   _____

3. Convicted of crimes related to drugs as defined in RCW 43.43.840
   ANSWER_____IF YES, EXPLAIN BELOW:
   _____

4. 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.
   ANSWER_____IF YES, EXPLAIN BELOW:
   _____

5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or have physically abused any minor.
   ANSWER_____IF YES, EXPLAIN BELOW:
   _____
   _____

6. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disable person or to have abused or financially exploited any vulnerable adult.
   ANSWER_____IF YES, EXPLAIN BELOW:
   _____

7. Found by a court in a protection proceeding under chapter 74.43 RCW, to have abused or financially exploited a vulnerable adult.
   ANSWER_____IF YES, EXPLAIN BELOW:
   _____

Return the completed application to: Jenn Crawford, WSU Chelan County Extension, 400 Washington Street, Wenatchee, WA 98801. If you have any questions or wish further information contact Jenn Crawford, Extension Educator, Phone: 509-667-6540 or Email: crawfordj@wsu.edu. WSU Extension programs and policies are consistent with federal and state laws and regulation on nondiscrimination regarding race, color, gender, national origin, religion, age, disability, and sexual orientation. Evidence of noncompliance may be reported through your local WSU Extension office. Persons requiring special disability accommodation while participating in this program may call WSU Extension at 509-667-6540. If accommodation is not requested 10 days in advance, we cannot guarantee the availability of accommodation on-site. June 2008