



PREA DISCLOSURE AND TRAINING ACKNOWLEDGEMENT FOR VOLUNTEERS

Full name (print): _____ Volunteer start date: _____

Facilities where you volunteer: _____

Initial on lines below

_____ I confirm that I have not engaged in sexual misconduct as outlined below with an individual under Department supervision. I acknowledge and understand that I have a continuing duty to disclose and immediately report to the Appointing Authority my involvement in any form of sexual misconduct.

_____ I have not engaged in sexual abuse in a prison/jail//lockup/community confinement/ juvenile facility or other institution defined as follows:

- Any facility or institution which is owned, operated, managed by, or providing services on behalf of the State, Federal Government, or political subdivision of a State (i.e., county, city or town). This does not include employment in privately owned and operated facilities such as nursing homes where the sole connection to the State is a state license to operate the establishment unless state and/or federal government agencies contract with the facility or its parent company to house individuals (e.g., facility for the mentally ill, disabled, chronically ill, or handicapped, residential care or treatment facility for juveniles, facility that provides skilled nursing, intermediate or long-term care, or custodial residential care).

_____ I have never been civilly or administratively adjudicated (there was a formal finding and a judgement or a decision was rendered in a civil or administrative proceeding) or otherwise found to have engaged or attempted to engage in sexual abuse/assault in any setting.

_____ I have never been accused of or investigated for sexual harassment or sexual involvement of any type in any place I have worked or volunteered.

_____ I have never been the subject of substantiated allegations of sexual abuse or sexual harassment or resigned during a pending investigation of alleged sexual abuse or sexual harassment.

_____ I have not engaged in any incident of sexual harassment or sexual misconduct not addressed above.

_____ All answers and statements are true and complete to the best of my knowledge. I understand that untruthful answers or deliberate omissions may cause termination of volunteer services.

_____ I have successfully completed the Prison Rape Elimination Act (PREA) volunteer training. I verify that I have reviewed and understand all sections of the training course and all answers and statements are true and complete to the best of my knowledge.

Date training completed: _____

Volunteer signature

Date

Community Partnership Program Coordinator

Facility

Signature

Date Received

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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