

## CENTRAL BASIN INVESTIGATIVE TEAM (CBIT) CITIZEN QUESTIONNAIRE

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|--|---|---|
| Last Name:   | First Name:   | Middle Initial:   |
| Other Names Used:  |   |   |
| Physical Address:  |   |   |
| Mailing Address: (If different)  |   |   |
| Email Address:   |   |   |
| Do you have reliable transportation:   | Years as a Grant /Adams County Resident:  | Years as Resident of Washington State:  |
| Prior Residence (City/State):  | Are you related to or a close friend of a law enforcement officer? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Birth:  |
| Home Phone:  | Cell Phone:   | Are you Employed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, Your Type of Occupation:   | Your Prior Occupation:  | Your Spouse's Occupation:   |
| Have you or any member of your immediate family been a PARTY to a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, when and in what court?                 |   |   |
| Have you ever been convicted of a crime other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:   |   |   |
| Have you had your civil rights restored? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Have you ever been a VICTIM of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No                            |   |
| Has a member of your immediate family been convicted of a crime other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:                 |   |   |
| Describe any physical condition, such as a loss of hearing or sight, or a chronic ailment that may affect your ability to serve, or a condition requiring assistance or accessibility: |   |   |
| What is your general availability to serve as a citizen representative of the CBIT?  |   |   |

**INFORMATION AUTHORIZATION**

*(To print and sign)*

I hereby authorize any city, county, state, former employer, or any other agency to furnish to any member of the Central Basin Investigative Team any information considered necessary for the purpose of processing this questionnaire. A copy of this authorization shall be considered as valid as the original. I consent to members of the Central Basin Investigative Team performing a background check into my history in accordance with RCW 43.43.834, and waive any right of privacy I may have in such information for the limited purpose of the Central Basin Investigative Team considering it for determining my suitability as a CBIT citizen representative.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LETTER OF UNDERSTANDING AND HOLD HARMLESS AGREEMENT**

I understand that I am not an employee of any of the law enforcement agencies belonging to the Central Basin Investigative Team. I am not entitled to payment for services rendered, nor am I entitled to compensation or fringe benefits other than set out below. I further acknowledge that I am a volunteer for purposes of the Fair Labor Standards Act. I wish to volunteer my services to the Central Basin Investigative Team and/or observe members of the Central Basin Investigative Team perform their duties. I understand that my status as a CBIT volunteer may be revoked at any time. In consideration of the above granted authority to observe and other good and valuable consideration, I, my assigned heirs, executors, or agents hereby agree to hold any law enforcement agencies associated with the Central Basin Investigative Team harmless. I agree to indemnify Grant and Adams County, the Central Basin Investigative Team, and their agents and employees from any and all claims, damages, losses, and expenses arising out of the above described observations, volunteer work, and related activities, which is for bodily injury, illness or death, or property loss of use.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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| <b>For Official Use Only</b>        |                                  |
|-------------------------------------|----------------------------------|
| Date Received:                      |                                  |
| Spillman Information:               |                                  |
| NCIC III/WACIC:                     |                                  |
| Driver's Check:                     |                                  |
| Chief Deputy Signature:             | Date:                            |
| Person Conducting Background Check: | Date Background Check Completed: |