



Criminal History and Background Inquiry

Pursuant to Revised Code of Washington (RCW) 43.43.830-.845, organizations providing services to children, developmentally disabled persons, and vulnerable adults need adequate information to determine which employees or volunteers to hire or engage. Therefore, the Washington State Patrol Identification and Criminal History Section may disclose, upon request, convictions of crimes against children or other persons, crimes related to drugs, and certain civil adjudications.

To be completed by person being cleared:																	
LAST NAME			FIRST		MIDDLE		ALIAS/MAIDEN LAST NAME			FIRST		MIDDLE					
PRESENT ADDRESS				STREET				CITY		COUNTY		STATE		ZIP CODE		PHONE	
SEX	PREVIOUS MARRIED NAME			DATE OF BIRTH			COLOR OF EYES		HEIGHT		DRIVERS LICENSE NUMBER						
											DATE DRIVERS LICENSE WAS ISSUED						

PREVIOUS RESIDENCES LAST SEVEN YEARS:							
STREET ADDRESS		COUNTY/CITY		STATE	ZIP CODE	DATES	
						FROM	TO

- Have you ever been:
- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 1. Convicted of any crime against children or other persons | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Convicted of crimes related to drugs as defined in RCW 43.42.830 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Had your name placed on a registry of child or adult abuse in this or any state | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Found to have sexually abused or exploited or physically abused any child or adult: | | |
| a. in any court action or domestic relations proceedings | <input type="checkbox"/> | <input type="checkbox"/> |
| b. by any disciplinary board or the department of licensing or by a court in any protection proceeding | <input type="checkbox"/> | <input type="checkbox"/> |

IF YES, STATE THE DATE, PLACE AND NATURE OF THE PROCEEDINGS

NOTE: ATTACH A STATEMENT OF EXPLANATION ON A SHEET OF PAPER FOR ANY "YES" ANSWER ABOVE

I hereby certify under penalty of perjury that, to my knowledge, the above information and any attachments are true and correct. I understand fraudulent or untruthful answers to any of these questions can serve as the basis for finding me unsuitable. I hereby authorize Athletes For Kids to use this form to obtain information from the records of the Washington State Patrol and/or local law enforcement. I understand that Athletes For Kids must notify me of the Patrol's response upon my request.

PERSON TO BE CLEARED (PRINT AND SIGN YOUR NAME HERE)	DATE
SIGNATURE OF ADULT SUPERVISOR RECEIVING INFORMATION	DATE