

In order to ensure the safety of our staff and the children we work with, we will run a limited background check through the Washington State Patrol that simply shows if you have ever been convicted of a felony. NO FINANCIAL/CREDIT INFORMATION WILL BE SHOWN. In order to run the background check, we need the following information:

****PLEASE PRINT****

Legal Name

FIRST: _____ MIDDLE: _____ LAST: _____

Name you'd like to be called (if different than above): _____

GENDER: _____ DOB (MM/DD/YYYY): _____

Have you ever been convicted for a crime? Yes ___ No ___

If yes, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. This company will not deny employment of any applicant solely because the person has been convicted of a crime. The company however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for. _____

Are you currently out on bail, the subject of a current warrant for arrest or released on your own recognizance pending trial?

Yes ___ No ___

HOME PHONE: _____ CELL PHONE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS (for our use only): _____

Age (if under 18): _____

Note: Volunteers under age 18 must have a parental consent form signed. Volunteers under age 16 must be accompanied by an adult.

Emergency Contacts:

Full Name	Daytime Phone	Relationship
1.		
2.		

Please list any mental or physical disability that would impact your ability to serve as a volunteer in any capacity, or require special accommodations in our facility: _____

Volunteer Agreement:

- I agree that inappropriate language or physical contact with a child is unacceptable and will result in immediate dismissal.
- I agree to remain within the scope of the job description and/or assigned duties.
- I give permission to The Children's Reading Foundation of the Mid-Columbia to conduct a background check.
- I give permission to The Children's Reading Foundation of the Mid-Columbia to use my photo for publicity and/or marketing purposes. Yes No

Volunteer Signature: _____ Date: _____

Parent Signature (if under 18 years of age): _____ Date: _____

For Office Use only: Background check done Cleared to volunteer