



# SHORELINE

14555 25th Avenue NE ▪ Shoreline, WA 98155

CHRISTIAN REFORMED CHURCH

(206) 364-3021 ▪ office@seattlecrc.org ▪ www.seattlecrc.org

## VOLUNTEER/STAFF AUTHORIZATION FOR BACKGROUND CHECK

All information will be kept confidential.

Pursuant to the requirement of Washington State law, we must ask you to complete the following disclosure statement.

Please print clearly and use black ink.

**Birth Name:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**Current Name (if different than Birth Name):**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**Other Names (write NONE if none):** \_\_\_\_\_

**Full Date of Birth:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ **Gender:**  Male  Female

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

*Present number of consecutive years lived in Washington State:* Years: \_\_\_\_\_ Months: \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Driver's License or State I.D. Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

*\* Please note that on the following questions answering yes does not automatically preclude you from serving in the church.*

- Have you ever been convicted of, or do you have charges pending for any crime?  Yes  No
- Have you ever been found to have sexually abused, physically abused, neglected, abandoned, or exploited a child or adult?  Yes  No  
*If yes, give name of court, state licensing board, disciplinary board, or dependency action, details of the finding, and state where it occurred:* \_\_\_\_\_
- Have you ever had a contract and/or license to care for children or adults denied, terminated, revoked or suspended?  Yes  No  
*If yes, give dates, contract and/or license type, name of contracting and/or licensing agency, and state where it occurred:* \_\_\_\_\_
- Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, or abandonment?  Yes  No  
*If yes, give date, court, and state where it occurred:* \_\_\_\_\_

### Authorization & Signature

*I understand that I am signing this document under penalty of perjury. The above statements are true and complete to the best of my knowledge. I understand that any untruthful or purposefully misleading answer or any deliberate omission may result in my immediate disqualification as a volunteer/staff at Shoreline Christian Reformed Church.*

*I hereby authorize Shoreline Christian Reformed Church to obtain background information including but not limited to, convictions, licensing child and adult protective services, and professional licensing records, from any law enforcement, any state and federal agency including other states and the FBI.*

<i>Signature of person to undergo background check</i>	<i>Date of Signature (must not be older than three(3) months)</i>
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**Please return in sealed envelope, mark it confidential, and place in Foyer mailbox #144**