Background Check Authorization

Full Name: _____ Today's Date: _____ Birth Date: _____
Last First Middle

Confidential Information
Answering "YES" to any of these requires an explanation on a separate piece of paper.

Have you ever been:
Convicted on any crime against children or other persons?..... Yes ☐ No ☐

Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?..... Yes ☐ No ☐

Convicted of crimes related to drugs as defined in RCW 43.43.830?..... Yes ☐ No ☐

Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?..... Yes ☐ No ☐

Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?..... Yes ☐ No ☐

Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited any vulnerable adult?..... Yes ☐ No ☐

To ensure both your safety and the safety of the children in your care, please speak with a Ministry Staff Member if you have concerns or special needs related to HIV/AIDS, blood disorders, or hepatitis. Thank you

Applicant's Statement:

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations listed in this application to give you any information they may have regarding my character and fitness for children's/minor's services, and I release all such references from liability for any damage which may result from furnishing such evaluations to you. I understand the personal information will be held confidentially by the professional church staff. I also understand that there will be a background check conducted.

Applicant's Signature: _____ Today's Date: _____