



WATCH Background Check Authorization for Minors (ages 17 and below) Independent Bible Church Volunteers

In order to comply with the Revised Code of Washington (RCW) 43.43.830-.845 to provide adequate information about people working with children, developmentally disabled and vulnerable adults Independent Bible Church requires that all volunteers working with children and youth have a background check. IBC will utilize the Washington Access to Criminal History, (WATCH) system for these background checks. IBC must have your permission to run the background check and is required to inform you of the result. The receipt at bottom of the form will be returned to you with the results.

NAME: _____
Please print

BIRTHDAY: (MM/DD/YYYY) ____/____/____

WATCH requires that you answer the following questions: Have you ever been;

- | | |
|---|--|
| a. convicted of any crime against children or other persons; | <input type="checkbox"/> yes <input type="checkbox"/> no |
| b. convicted of crimes relating to financial exploitation if the victim was a vulnerable adult; | <input type="checkbox"/> yes <input type="checkbox"/> no |
| c. convicted of crimes related to drugs as defined in RCW 43.43.830; | <input type="checkbox"/> yes <input type="checkbox"/> no |
| d. 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; | <input type="checkbox"/> yes <input type="checkbox"/> no |
| e. found by a court in domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused a minor; | <input type="checkbox"/> yes <input type="checkbox"/> no |
| f. 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; or | <input type="checkbox"/> yes <input type="checkbox"/> no |
| g. found by a court in a protection proceeding under chapter 74.3 RCW, to have abused or financially exploited a vulnerable adult; | <input type="checkbox"/> yes <input type="checkbox"/> no |
| h. found guilty of any crime against children. | <input type="checkbox"/> yes <input type="checkbox"/> no |

I certify that the information I have provided is true and complete. I hereby authorize IBC to initiate a WATCH background check.

Signed: _____ Date: _____

Name: _____

Address: _____

4/3/2019

WATCH background check reply.

No Criminal History.

Positive History, please contact
IBC Administrator, 452-3351.