



Criminal Background Check Authorization

To ensure the safety of all guests, staff and volunteers, we background check all volunteers prior to their service.

Full Legal Name: _____
(Last, First, Middle)

List any Former Names: _____
(Last, First, Middle)

Driver's License/ID Number: _____ Driver's License/ID State: _____

Birthdate (MM/DD/YYYY): _____ Sex: _____

Race: _____ Height: _____ Weight: _____ Eye Color: _____

Have you ever been convicted of a crime? Yes No
 ↪ If yes, please explain, including date and details of offense. _____

Have you ever had findings made against you in any civil adjudicative proceeding (as defined by RCW 43.43.830)? Yes No
 ↪ If yes, please explain, including date and details of offense. _____

I hereby authorize any law enforcement to furnish Family Promise of Spokane information related to my criminal history. I hereby release Family Promise of Spokane and the law enforcement agencies furnishing information, from all liability resulting from the furnishing of this information. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that any false statement made herein will void my participation in any programs at Family Promise of Spokane.

Name: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

BC Run Date: _____
Pass Fail

Run By: _____
Results Eligible Until Date: _____

NSO Run Date: _____
Pass Fail

Notes: