



EDMONDS SCHOOL DISTRICT



Washington State Patrol

**Request for Criminal History Information Child/Adult
Abuse Information ACT RCW 43.43.830 – 43.43.845**

Name:			
Legal Name	First	Middle (required)	Last
Date of Birth:			
Have you ever used another name? (i.e. Nick name, maiden name, other last names) Please list below:			
Address:			
	Street		Apt/Suite #
	City	State	Zip
Phone:			
	Cell Phone	Home Phone	Message Phone
Email:			
Have you ever been convicted of a crime? Yes No			
Have you ever had findings made against you in any civil adjudicative proceeding? Yes No			
Have you ever had both a conviction and findings made against you? Yes No			
If you answered YES to any of the above, please give explanation below:			
<p>I have read the information contained in this application. Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I authorize the Edmonds School District to conduct a background check and to obtain any and all information needed to process my volunteer application. I understand that the District may, at its discretion, exclude me from volunteering for any reason, including any misleading or incomplete statements on this application. Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.</p> <p><i>Background check results will be made available to you within 10 days of the report being run, consult our office for details.</i></p>			

Print Name			

Signature		Today's Date	