



Background Check Authorization
Positions with Access to Children and Vulnerable Adults

I, _____, hereby authorize Washington State University to investigate my background for purposes of evaluating whether I am qualified for a volunteer position with duties involving unsupervised access to children under the age of sixteen and vulnerable adults as defined in the Revised Code of Washington 43.43.840-43.43.845. I understand that Washington State University will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the University's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application to volunteer will not be processed further.

A. Have you been convicted of, or do you have charges pending for any crime? Yes No

If yes, give the crime, state where it occurred and the conviction date or charge status.

B. Have you ever had findings made against you in any civil adjudicative proceeding relating to domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or vulnerable adult? Yes No

C. Do you have both a conviction under (A) and findings made against you under (B)? Yes No

Signature: _____ Date: _____

Name (print):

Last First Middle

Alias/Maiden Name(s) (if applicable): _____

Date of Birth (month/day/year): _____

Gender Male Female

Driver's License Number _____ State _____

Mail this completed form to the address below by April 15, 2011.
Imagine Tomorrow
University Relations
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