

**VOLUNTEER BACK GROUND CHECK**

|  |  |
| --- | --- |
| **FULL NAME** (Please Print) |  |
| **ALIAS/OTHER NAMES** |  |
|  |  |
|  |  |
| **DATE OF BIRTH** |  |
| **GENDER** |  |
| **ADDRESS**  |  |
|  |  |

*By signing below, I acknowledge the information above is correct and being utilized to conduct a Driving Record check with the Washington State Department of Licensing. The search will be completed within 10 days of receipt of this signed statement at REACH Ministries.*

Signature Date

\_\_\_\_\_\_\_\_\_
 Initials

 *By initialing here, I also agree to a driving record check conducted in the event that I provide a ride to/from a REACH activity.*

**Please note:** If a record is discovered as a result of the search, you will be notified in writing and receive a copy of the results indicating the findings.

Office Use Only

Date Rec’d

Check Completed

Results Mailed