

Volunteer Form

Washington State Patrol Identification and Criminal History Section PO Box 42633, Olympia, WA 98504-2633

Request for criminal history information. Child/Adult Abuse Information Act RCW 43.43.83-43.43.845

PLEASE PRINT CLEARLY

Volunteer Legal Name Last: ______ First: ______ MI: ____

Alias/Maiden Name(s):				
Date of Birth:/Gender: M	ale Fema	le Race	::	
Volunteer Phone Number: () Volunteer Email:				
Have you been convicted of, or do you have charges pending for any crime? Y N If YES, explain:				
Have you ever been found to have sexually or ph child? If YES, explain:	ysically abus	ed, neglecte	d, abandon Y	ed or exploited a N
Has a court ever issued an order of protection ag or abandonment? If YES, explain:	ainst you for	abuse, negl	ect, domesi Y	tic violence N
Player(s) you are volunteering for:				
Player Name(s)			Level	
	PeeWee	Midget	Junior	Senior
	PeeWee	Midget	Junior	Senior
	PeeWee	Midget	Junior	Senior
I understand that I am signing this statement under penalty of perjury. The above information is true and complete to the best of my knowledge. I understand that any untruthful or purposefully misleading answer or any deliberate omission may result in my inability to volunteer for the MVYFA. I hereby authorize MVYFA to obtain background information including but not limited to: convictions, child and adult protective services, and professional licensing records from any law enforcement, state and federal agency including other states and the FBI. MVYFA is hereby authorized to release the result of this background information to its board members and/or the individual named above. I also understand that a minimum of 2 volunteer hours per player in the concession stand at our home games is mandatory, 10 volunteer hours per player, if my player is on scholarship or through the adopt-a-player program. If you do not fulfill your concession volunteer hours, your child will not be allowed to play.				
XSignature		Date:		