



# Parks Volunteer Network Background Check Authorization

The purpose of this authorization form is to comply with the Washington Child and Adult Abuse Information Act. Our intent is to do what we can to assure the well-being of all clients we serve.

**Print Name:** \_\_\_\_\_  
(first) (middle) (last)

**Former Name(s) and Dates Used:** \_\_\_\_\_

**Current Address Since:** \_\_\_\_\_  
(mo/yr) (street) (city) (state/zip)

**Previous Address Since:** \_\_\_\_\_  
(mo/yr) (street) (city) (state/zip)

**Previous Address Since:** \_\_\_\_\_  
(mo/yr) (street) (city) (state/zip)

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mo/day/yr)

**Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Clark County to investigate my background and qualifications for the purposes of evaluating whether I am qualified for the volunteer position for which I am applying. I hereby consent to a criminal background check and release of any information and/or records held by any public agency, branch of the military, law enforcement office, business, employer, school, personal reference, or other source for the purpose of evaluating my character and fitness for this position. I understand that the scope of the report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I understand that I may withhold my consent and that in such case, the application process is terminated and an investigation will not take place.

The information contained in this authorization is correct to the best of my knowledge.

Clark County and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date