Background Check Authorization

Section 1. Required: Applicant Information (All sections completed by the applicant, the person receiving a background check). The requesting entity will submit the applicant's information through the online Background Check System (BCS).

1. **REQUIRED:** LEGAL NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO IDENTIFICATION (ID)
   FIRST | MIDDLE | LAST

2. **REQUIRED:** OTHER ALIAS FIRST, MIDDLE, AND LAST NAMES YOU HAVE USED
   FIRST | MIDDLE | LAST

3. **REQUIRED:** DATE OF BIRTH (MM/DD/YYYY)

4. **REQUIRED:** PHONE NUMBER (INCLUDE AREA CODE)
   ☐ I authorize Veritable screening to leave a detailed message.

5. EMAIL ADDRESS
   ☐ By checking this box, I consent to and authorize Veritable screeningto email my confidential and sensitive background check information, including a fingerprint rap sheet (if applicable), to the email address I have provided. By NOT checking this box, VS will use the mailing address provided to send me my background check information.

6. SOCIAL SECURITY NUMBER

7A. **REQUIRED:** VALID DRIVER'S LICENSE OR STATE ID **(WRITE NONE IF NONE)**

7B. **REQUIRED:** ISSUING STATE

8. **REQUIRED:** HAVE YOU LIVED IN ANY STATE OR COUNTRY OTHER THAN WASHINGTON STATE WITHIN THE LAST THREE YEARS (36 MONTHS)?
   ☐ Yes ☐ No

9. **REQUIRED:** MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION
   STREET | APT. NO. | CITY | STATE | ZIP CODE

10. **REQUIRED:** PHYSICAL ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF ADDRESS IS THE SAME AS YOUR MAILING ADDRESS)
    STREET | APT. NO. | CITY | STATE | ZIP CODE

Section 2. Required: Self-Disclosure Questions for ALL convictions and pending charges from any state or jurisdiction. You must answer Questions 11A through 14. Attach Page 2 if you have crimes or pending charges. **SEE INSTRUCTIONS.**

11A. Have you been convicted of any crime? If yes, complete Page 2, Section 3. ☐ Yes ☐ No

11B. Do you have charges (pending) against you for any crime? If yes, complete Page 2, Section 4. ☐ Yes ☐ No

12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? ☐ Yes ☐ No

13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? ☐ Yes ☐ No

14. Has a court ever entered any of the following orders against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile, or child? ☐ Yes ☐ No
    - Permanent vulnerable adult protection order / restraining order, either active or expired.
    - Sexual assault protection order.
    - Permanent civil anti-harassment protection order, either active or expired.

I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles, or children. I understand and agree my signature in the box below means:

- I give Camp Fire NCW permission to check my background with any governmental entity and law enforcement agency.
- My background check result may include prior self-disclosure information and fingerprint results that are contained in the Camp Fire NCW Background Check System and that this information will be reported as allowed by federal or state law.
- If a final finding is identified, Camp Fire NCW will report only my name and that a final finding was identified on the background check result.
- Camp Fire NCW will give my background check result to the persons or entities requesting my background check and those persons or entities may release my background check results to other persons or entities when the law authorizes or requires CFNCW to do so. Fingerprint rap sheets are provided if allowed by federal or state law.

15. **REQUIRED:** SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.

16. **REQUIRED:** TODAY'S DATE (MM/DD/YYYY)

Background Check Authorization

List of Crimes and Pending Charges

This page **MUST** be attached to Page One of the Background Check Authorization form if 11A or 11B are marked "Yes."

Important information about answering self-disclosure questions: Your answers to self-disclosure questions become part of your background check history and are stored in the CFNCW database. It is recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.

REQUIRED: PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO ID		
FIRST:	MIDDLE:	LAST:
REQUIRED: DATE OF BIRTH (MM/DD/YYYY)		

Section 3. Question 11A. If you check **YES**, you must enter the crime name, degree (if any), state, conviction date, and crime information.

1. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: ☐ Attempted ☐ Conspiracy ☐ Domestic Violence ☐ Solicitation ☐ With Sexual Motivation ☐ N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			

2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: ☐ Attempted ☐ Conspiracy ☐ Domestic Violence ☐ Solicitation ☐ With Sexual Motivation ☐ N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			

3. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: ☐ Attempted ☐ Conspiracy ☐ Domestic Violence ☐ Solicitation ☐ With Sexual Motivation ☐ N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			

Section 4. Question 11B. If you check **YES**, you must enter the PENDING charge name, degree (if any), state, and crime information.

1. CRIME NAME	DEGREE (IF ANY)	STATE
Other crime information: ☐ Attempted ☐ Conspiracy ☐ Domestic Violence ☐ Solicitation ☐ With Sexual Motivation ☐ N/A		
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)		

2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: ☐ Attempted ☐ Conspiracy ☐ Domestic Violence ☐ Solicitation ☐ With Sexual Motivation ☐ N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			