Special Olympics Washington

Washington State Patrol

Request for Criminal History

Child/Adult Information Act RCW 43.43.830-845

Email completed form to:
Special Olympics Washington
Attention: Background Check
Alysanne Stack astack@sowa.org

Mailing Address:
Special Olympics Washington
2815 Second Avenue, Suite 370
Seattle, WA 98121

Volunteers completing this form are volunteers who 1) have regular, close physical contact with athletes, 2) are in a position of authority or supervision with athletes, 3) are in a position of trust of athletes, and/or 4) handle substantial amounts of cash or other assets of the Program.

Background Checks only need to be completed by volunteers 18 years or older.

Volunteer Type:

- ☐ *New Volunteer*
- ☐ *Recertify Volunteer*
- ☐ *New Coach*
- ☐ *Recertify Coach*
- ☐ *New Unified Partner*
- ☐ *Recertify Unified Partner*

Applicant: *(Please print clearly)*

Name: _____
Last *First* *Middle*

Alias/Maiden Name(s): _____ **Sex:** ☐ **Male** ☐ **Female**

Date of Birth: _____ **Social Security Number (Optional):** _____
Month/Day/Year

Address: _____

City: _____ *State:* _____ *Zip:* _____

Phone: _____ **Email:** _____

Have you ever been convicted of a crime? ☐ YES ☐ NO

Have you ever had findings made against you in any civil adjudicative proceeding? ☐ YES ☐ NO

Have you ever had both a conviction and findings made against you? ☐ YES ☐ NO

If you answered YES, to any of the above, please give an explanation below:

By signing below, I certify all information is true and correct to the best of my knowledge.

Applicants Signature: _____ **Date:** _____

Background checks results will be mailed to you within 10 days of the report being run.