



Capitol Land Trust Background Check Authorization

Name (print): _____
(First) (Middle) (Last)

Former Name(s) Used: _____
(First) (Middle) (Last)

Male _____ Female _____ Other _____

Telephone Number: _____ Date of Birth (MM/DD/YYYY): _____

I hereby authorize Capitol Land Trust to conduct a review of my background for employment and/or volunteer purposes. I understand that this check will cover a search of criminal justice agencies and court records for the state of Washington. This database includes conviction information, arrests less than one year old with dispositions pending, and information regarding registered sex and kidnap offenders. The Washington State Patrol criminal history file also contains additional information such as arrest records that is not open to the general public. I understand I must consent to the criminal background check in order to work with the vulnerable population, including children, as part of Capitol Land Trust's programming.

I certify that there are no outstanding or pending crimes against me.

I certify that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in my disqualification or termination from Capitol Land Trust.

Applicant signature: _____ Date: _____

For office use only

A background check has been performed on the above-named volunteer, and no material or applicable charges were found against him/her. Therefore, this person is approved to serve as a qualified volunteer or staff member for Capitol Land Trust.

Approved by: _____ Date: _____
Name Title