



Volunteer Program

Washington State Patrol Background Check Consent & Release Form

To be completed by volunteer

Legal Name (printed) _____
First Middle Last

Maiden Name _____

WA Drivers License # _____ Date of Birth ____/____/____

Applicants Legal Address _____

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Washington State Patrol Background Check

I, the undersigned, authorize this information to be obtained either in writing, internet or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines. I understand I have the right to a copy of the said background check upon request.

Applicant's Name (print) _____ Date _____

Signature _____

Office Use Only

Background check completed by: _____ Date _____

Results: _____