Volunteer Background Check Form

9300	236th	ST	SW	

Madrona K-8

Edmonds, WA 98020

Please print legibly

Student Name

Center Name or Program

Name:							
Legal Name Required	First	Middle (required)	Last				
Gender:		Date of Birth:					
		•••••••••••••••••••••••••••••••••••••••					
Have you	Have you ever used another name? (i.e. Nick name, maiden name, other last names) Please list below:						
Address:							
Address:	Str	Street					
			Apt/Ste #				
	City	State	Zip				
Phone:		Hanna Dhanna					
	Cell Phone	Home Phone	Work 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	s? Yes No				
nave you	ever naa mambo maac agamot you	in any civil adjudicative proceeding					
Have you	ever had both a conviction and find	ings made against you? Yes	No				
16		and a strategy bala					
If you answered YES, to any of the above please an explanation below:							
Lam certi	I am certifying that everything in this document is true and accurate. I am agreeing to have my background						
check run by Madrona K-8 for the purpose of volunteering at the school, for school field trips, and for							
school functions.							
Print Nam	10						
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Signature		Today's Date					
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