

YSPORTSTM

We build strong kids, strong families, strong communities.

Yakima Family YMCA Volunteer Application

Name: _____ Are you a YMCA Member? YES NO

Address: _____ City: _____ Zip: _____

Phone: _____ Cell Phone: _____ Other Phone: _____

Date of Birth: ____ / ____ / ____ Male Female

Sports Program you would like to volunteer in: Youth Sports, Eastside Sports, Itty Bitty Sports

Have you volunteered at the this YMCA? Yes No

If Yes, Please list the Program(s): _____

Do you currently have any certifications? First Aid CPR Other: _____

Have you ever been charged or convicted of a crime, child abuse or any sex-related crimes? Yes
No

(a conviction will not necessarily disqualify you)

If yes, please explain: _____

Is there anything we should be aware of before running the Washington State Patrol background check?

I swear all the statements in this application are true and correct. If there is any falsification of information submitted, it shall be cause for dismissal. I understand that the YMCA may cause an investigative report to be prepared on all information contained herein and I hereby consent thereto. I have understand I have the right to request a disclosure in writing of the nature and scope of such investigation.

Signature: _____ Date: _____

For Office Use Only

Staff Comments:

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

<p>A REQUESTING AGENCY/ADDRESS</p> <p>Agency: <u>Yakima Family YMCA</u> <u>5 North Naches Avenue</u> Attn: <u>Yakima WA 98901</u></p> <p>Address: _____ City/State/Zip: _____</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>Authorized Signature: _____ Date: _____ Title: _____ Area Code/Phone Number: _____</p>	<p>B PURPOSE Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer - no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal. _____ Notarized Letter(s)</p>
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C **APPLICANT OF INQUIRY** (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D **WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**

WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency: _____

Applicant's Signature: _____

Applicant's Name: _____

Address: _____

City/State/Zip: _____

Applicant Right Thumb Print (Optional)
