

## Criminal History Background Check Release Form

Volunteers and Interns

### Name \*

First Name

Last Name

### Address \*

Street Address

Street Address Line 2

City

State

Zip Code

### If less than three years, please provide previous address:

Street Address

Street Address Line 2

City

State

Zip Code

### Date of Birth \*



Month Day

Year

I am the person named above: the information above is truthful. My signature on this form grants AAADSW permission to run a criminal background check on me. I understand that certain findings will restrict my ability to work/volunteer/intern in some positions.

**Current Date \***



Month    Day    Year

**Signature \***

Please print sign and return scanned via email to [swwaltcop@dshs.wa.gov](mailto:swwaltcop@dshs.wa.gov) or mail to:

LTCO Program/AAADSW

201 NE 73rd Street, Suite 201

Vancouver, WA 98665

**If you have any questions or concerns please call us at 360-694-9007**