



First Class Christian Homeschool Co-op

*****Confidential*****

Date: ___/___/___

Name: _____ Birthdate: _____

Identity must be confirmed with a state driver's license or other photographic identification.

Address: _____ Phone: (____) _____

Have you: (please circle appropriate response)

- 1. Been convicted of any crime or is there a criminal charge pending against you? Yes No
- 2. Been released from prison in the last seven years? Yes No
- 3. Had your name placed on a registry of child abuse in this or any state? Yes No
- 4. Been found to have sexually abused or exploited or physically abused any child or adult:
 - a. in any court action or proceedings? Yes No
 - b. by a professional disciplinary board or the Department of Licensing?
(If yes, the state, the date, place and nature of the proceedings.) Yes No
- 5. Been denied a license to care for children or adults? Yes No
- 6. Had a license to care for children or adults suspended or revoked? Yes No

Please give an explanation on the back of this page for any "yes" answer or for any question that you did not understand or any question you do not know how to answer.

Do you currently attend a church? If so, which one? _____

List (on the back) names and addresses of other churches you have attended regularly during the past five years.

Personal References: (please exclude relatives)

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Applicant's Statement

Under penalty of perjury, the information I have given in this application is correct and complete to the best of my knowledge. I agree that false information or significant omissions may disqualify me from further consideration for my service and may be considered justification for dismissal if discovered at a later date.

I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for child/youth work. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf.

Should my application be accepted, I agree to be bound by the policies of First Class Christian Homeschool Co-op, and to refrain from unscriptural conduct in the performance of my services on behalf of the organization.

I give permission to First Class Christian Homeschool Co-op to run a background check through the Washington State Patrol every two years. I understand that the information given on my original application will be used.

Applicant's Signature: _____ Date: ___/___/___

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 First Class Christian Homeschool Co-op Agency</p> <p>Attn 1500 E. College Way Suite A #303 Address</p> <p>Mount Vernon, WA 98273 City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>Authorized Signature _____ Date _____</p> <p>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 checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</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.</p> <p>_____ 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

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

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

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

First Class Christian Homeschool Co-op
Requesting Agency

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

WSP Use Only

Applicant Right Thumb Print (Optional)