

Central Washington Sports Association (CWSA)

Background Check Authorization

In the interest in maintaining the safety and security of our athletes, families, volunteers, and property, the Central Washington Sports Association (CWSA) will order a Washington State criminal history background check with an emphasis on crimes against children or vulnerable adults for all volunteers serving the CWSA or Yakima Valley Dirt Dawgs.

The background check will be conducted through the Washington State Patrol WATCH (Washington Access To Criminal History) System. The agency is located at: WSP, Identification and Criminal History Section, PO Box 42633, 106 11th Ave SW, Ste 1300, Olympia, WA 98504-2633 and can be reached by phone at (360) 534-2000 or the website: <https://fortress.wa.gov/wsp/watch/>.

APPLICANT INFORMATION List current information and used for the previous 7 years.

Full Name	First	Middle	Last
Former Names	Dates Used	From (Mo/Yr)	To (Mo/Yr)
Former Names	Dates Used	From (Mo/Yr)	To (Mo/Yr)
Current Address	Street	City	State/Zip
Previous Address	Street/City/State	Dates Used	From (Mo/Yr) To (Mo/Yr)
Previous Address	Street/City/State	Dates Used	From (Mo/Yr) To (Mo/Yr)
Social Security Number	Date of Birth (Mo/Day/Yr)		Drivers License #/State
Home Phone Number	Cell Phone Number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

I certify that all the information contained in this application is true and correct to the best of my knowledge. I understand that should any statements be found false or information has been omitted, such false statements or omissions will be just cause for termination of my volunteer position and any monetary stipend. I agree that this authorization shall remain in effect for one year and expires annually on October 1st, whichever date comes first. A fax or photocopy of this document shall be valid and accepted with the same authority as the original. I understand a verbal or written notification of negative findings will be provided and a copy of the report is available to me upon written request.

I hereby authorize the Central Washington Sports Association (CWSA) and its designated agents and representatives to conduct a review of my background causing an investigative consumer report to be generated for volunteer purposes. I understand that the scope of the report may include, but is not limited to the following areas: verification of social security number; current and previous residences; criminal history records from the state of Washington, and any other public records. I further authorize any individual, firm, corporation or public agency (includes Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to CWSA or its agents. I hereby release CWSA, the Social Security Administration and its agents, officials, representatives or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time results to me, my heirs, family or associates because of compliance with this authorization and request to release.

Signature _____ Date _____