## Washington State School for the Blind Request for Criminal History Information Child / Adult Abuse Information Via Washington / Oregon State Patrol RCW 43.43.830 through 43.43.845

Please complete, sign and date this form to be considered for a volunteer position(s) at the Washington State School for the Blind (WSSB). **Washington** residents must present a **valid** Washington Driver license or State ID car. **Oregon** residents must present a **valid** Oregon Driver License or State ID.

Funderstand that the services I will be providing are voluntary in nature and I do not expect to receive any compensation or benefits from WSSB.

Applicant Information (To be completed by applicant)		
Date of Birth	Sex	Race
Print your complete name(s)		
Current Name:	<u> </u>	
Last	First	Middle
Birth Name:		1 
Last	First	Middle
(Write same if same as current name)		
Print other last names you have been known by (write none if none)		
Print you nicknames and other first names you have been known by (write none if none)		
Have you been convicted of, or do you have charges pending for any crime?		
If yes, give the crime, state where it occurred and the conviction date or charge status. Attach additional pages if needed.		
Crime:	State:	Conviction date:
If charge is <b>PENDING</b> , what is the status:		
in charge is r Ending, what is the status.		
Crime:	State:	Conviction date:
If charge is <b>PENDING</b> , what is the status:		
List Current Driver's License or State Identification Number		
(Application must be accompanied by a clear and readable copy of your identification)		
Identification Number		State issued
I have authorized this request by my signature below.		

Volunteer Signature

Date.