**Background Check Authorization**

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**BACKGROUND CHECK AUTHORIZATION C4K (REV. 11/2022)**

**Section 1. Required: Applicant Information** (All sections completed by the applicant, the person receiving a background check).

1. **REQUIRED:** LEGAL NAME AS IT IS LISTED ON YOUR DRIVER’S LICENSE OR GOVERNMENT ISSUED PHOTO IDENTIFICATION (ID)

FIRST

MIDDLE

LAST

2. **REQUIRED:** OTHER ALIAS FIRST, MIDDLE, AND LAST NAMES YOU HAVE USED

FIRST

MIDDLE

LAST

3. **REQUIRED:** DATE OF BIRTH (MM/DD/YYYY)

4. **REQUIRED:** PHONE NUMBER (INCLUDE AREA CODE)

5. EMAIL ADDRESS

6. SOCIAL SECURITY NUMBER

7A. **REQUIRED:** VALID DRIVER’S LICENSE OR STATE ID **(WRITE NONE IF NONE)**

7B. **REQUIRED:** ISSUING STATE

8. **REQUIRED:** HAVE YOU LIVED IN ANY STATE OR COUNTRY OTHER THAN CALIFORNIA WITHIN THE LAST THREE YEARS (36 MONTHS)?

Yes No

9. **REQUIRED:** MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION IN THE FUTURE.

STREET APT. NO. CITY STATE ZIP CODE

10. **REQUIRED:** PHYSICAL ADDRESS WHERE YOU LIVE NOW (WRITE “SAME” IF ADDRESS IS THE SAME AS YOUR MAILING ADDRESS) STREET APT. NO. CITY STATE ZIP CODE

**Section 2. Required: Self-Disclosure Questions** for ALL convictions and pending charges from any state or jurisdiction. You must answer Questions 11A through 14.

11A. Have you been convicted of any crime? If yes, what? ........................................................ Yes No 11B. Do you have charges (pending) against you for any crime? If yes, complete Page 2, Section 4.......................... Yes No

1. Has a court or state agency ever issued an order or other final notification against you stating that you have

sexually or physically abused, neglected, abandoned, or exploited a child, or juvenile? Yes No

1. Has a government agency ever denied or terminated you, for failing to care for any child, juveniles, or vulnerable adults
2. Has a court ever entered any order or legal action of any nature against you for sexual abuse, neglect,

abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile, or child? . Yes No

I am the person named above. If I do not tell the whole truth on this form, I understand I may not be allowed to work with vulnerable adults, juveniles, or children. I understand and agree my signature in the box below means:

* I give Camp4Kids permission to check my background with any governmental entity and law enforcement agency.
* If a final finding is identified, Camp4Kids will report only my name and that a final finding was identified on the background check result.
* Camp4Kids will only give my background check result to the persons or entities requesting my background check for the purpose of coming to camp as a volunteer counselor or director.
* I release and forever hold harmless Camp4Kids from any and all liabilities know or unknow as of this date signed below.

15. **REQUIRED:** SIGNATURE. YOUR PARENT OR GUARDIAN’S SIGNATURE IF YOU ARE UNDER 18.

16. **REQUIRED:** TODAY’S DATE (MM/DD/YYYY)

**Instructions for Completing the Background Check Authorization form,**

These instructions provide general directions for completing the Background Check Authorization form. This form is used by multiple DSHS programs to meet varying background check needs. The DSHS oversight program requiring the background check may have additional instructions that you must follow.

**Important:** The requesting entity cannot submit your background check unless ALL required boxes are complete. Required boxes have the word “REQUIRED:” next to the box number. The requesting entity will submit your completed background check through the online Background Check System (BCS).

**This form is to be completed by the applicant**, the person whose background DSHS is checking.

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**BACKGROUND CHECK AUTHORIZATION DSHS 09-653 (REV. 06/2018)**

**BOX NO.**

**INSTRUCTIONS**

**1**

Current Legal Name: List your first, middle, and last name as they are listed on your current Driver’s License or other primary photo ID. Accepted government-issued photo ID includes any federal, state, or local government-issued ID, US military ID, US or foreign passport, or federally recognized tribal ID. Write **N/A** in each field that you do not have a name to enter.

**2**

Other Alias Names: Print all other first, middle, or last names you have used. Other names include nicknames, birth names, maiden names, etc. If you have not used any other first, middle, or last names, you must enter **N/A** in the appropriate box. Do not leave any of the boxes blank.

**3**

Print your date of birth listing the month, day, and year (MM/DD/YYYY).

**4**

Enter the daytime phone number, including area code, where you can be reached weekdays 8 AM to 5 PM.

**5**

Provide an email address where you can be reached.

**6**

You may choose to provide your Social Security Number. Your Social Security Number helps the Background Check Central Unit (BCCU) match your name and date of birth to existing records in our database and may speed up completion of your background check.

**7A**

Enter your Driver’s License or state-issued ID number.

**7B**

The state where your Driver’s License or ID was issued.

**8**

If you have continuously lived in California without living in another state or country for the last three years (36 months), answer **NO**. If you have lived in any state or country other than California State within the last three years (36 months), answer **YES**.

**9**

Enter your mailing address where Camp4Kids may send you confidential information in the future.

**10**

Enter your street address if it is different than your mailing address. If you street address and mailing address are the same, enter **SAME**.

**11A**

You must check **YES** or **NO**. If you check **YES**, complete Page 2, Section 3, List of Crimes and Pending Charges, of the form by entering the crime name, degree (if any), state, and the conviction date (MM/DD/YYYY). Mark the correct other crime information box or **N/A**. If the crime was committed outside of Washington State, provide a brief description. If you need to list additional convictions, attach additional copies of Page 2, to the form. Include your name and all the required information listed above.

**11B**

You must check **YES** or **NO.** If you check **YES**, you must complete Page 2, Section 4, List of Crimes and Pending Charges, of the form by entering the pending charge name, degree (if any), and state. Mark the correct other crime information box or **N/A**. If the crime was committed outside of Washington State, provide a brief description. If you need to list additional pending charges, attach additional copies of Page 2, to the form. Include your name and all the required information listed above.

**12 – 14**

Read each question carefully before answering. You must check **YES** or **NO**.

**Question 14: Permanent means the order was issued either following a hearing or by stipulation of the parties.**

**15**

Read the statements above and sign your name as it is listed in Box 1. If you are not 18 years old, a parent or guardian must sign for you.

**16**

Enter the month / day / year (MM/DD/YYYY) you signed Box 15.

**Important Information about Answering Self-Disclosure Questions (11A-14)**: Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. Self-disclosures are reported as part of your background check result like any other background check history we receive. It is important that your answers to self-disclosure questions are accurate and consistent. It is strongly recommended that you answer self-disclosure questions the same way each time you complete the Background Check Authorization form unless the question has changed or the previous answer was wrong. It is also recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.