TO: Potential ArtsWest Employees and Volunteers

FROM: ArtsWest Board of Trustees/Human Resources Committee

RE: Washington State Patrol Background Check

ArtsWest provides quality programming for youth with volunteers and employees working with children in a variety of ways. As a result, the organization ensures children’s protection to the fullest compliance of the law by having each potential employee and volunteer complete a Washington State Patrol form and returning it to the ArtsWest Finance Manager.

The completed form will be submitted to the Washington State Patrol for review of any potential criminal records. All results will be reported to the employer before employment/volunteering is offered to the individual. Current ArtsWest employees and volunteers will be notified if there are any findings. For your security, the information we gather is kept in a secured location until it can be verified, and when the verification process is complete, the forms are destroyed.

If you have any questions regarding the form, please direct them to the ArtsWest Finance Manager at 206-938-0963, ext. 100.

Thank you for your cooperation.

I have read the above and agree to its terms and conditions:

Signed ___________________________ Date ___________________________

Print name ___________________________
In order to conduct a Washington State Patrol background check, we are required by State of Washington RCW 43.43.830-43.43.845, to ask that you please complete the following information and sign below:

Have you ever:

- Been convicted of a crime: □ Yes □ No
- Had findings made against you in any civil adjudicative proceeding: □ Yes □ No
- Have both a conviction and findings made against you: □ Yes □ No

______________________________________________ Date: __________________
Signed

______________________________________________
Print name
REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845

A REQUESTING AGENCY/ADDRESS
ArtsWest
Agency
Elizabeth James
Attn
PO Box 16152
Address
Seattle, WA 98116
City/State/Zip

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature __________________________ Date ____________

Finance Manager __________________________ (206) 938-0963
Title __________________________ Area Code/Phone Number ____________

B PURPOSE
Check appropriate box

☐ Educational School District (ESD)/School District Volunteer – no fee
☐ Non-Profit Business/Organization – no fee
(Excluding Schools & ESD’s)
☐ Profit Business/Organization - $17
☐ Adoptive Parent - $17
☐ Receive background results electronically

Email address __________________________
Password __________________________ (must be at least 8 characters)

Fees: Make payable to Washington State Patrol by check, money order, or business account.

Notary letters certifying the results are available upon request (available by mail only). There is an additional $5.00 processing fee per notary seal.

Notarized Letter(s)

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.

Requesting Agency __________________________

Applicant’s Signature __________________________

Applicant’s Name __________________________

Address __________________________

City/State/Zip __________________________

WSP Use Only

Applicant Right Thumb Print (Optional)