



AUTHORIZATION TO CHECK CRIMINAL HISTORY

I (*print name*) _____, hereby give my permission for the Free Clinic of Southwest Washington to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with the organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators hereby remise, release and forever discharge and agree to indemnify the Free Clinic of Southwest Washington and its affiliates and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

Applicant Print Full **Legal** Name

Applicant's **Date of Birth**

Applicant Signature

Today's **Date**

If the applicant is a minor on this date, parental permission is required.

I (*print name*) _____, hereby give my permission for my minor child to participate as a volunteer with Free Clinic of Southwest Washington. I agree to take full legal responsibility for the minor child. I will encourage and support my minor child to meet all the requirements and commitments pursuant to this volunteer service.

Parent/Guardian Print Full **Legal** Name

Parent/Guardian Signature

PURGE, MODIFY OR SUPPLEMENT YOUR RECORD

The subject of a record may request the Section to purge, modify, or supplement his record pursuant to RCW 43.43.730. The subject of a record may contact the **Identification and Criminal History Section** for more information. In certain instances, non-conviction arrest data may be expunged from a record. A person desiring the destruction of his fingerprints and/or other identifying data should contact the Washington State Patrol for additional information. Expungement requests must meet the criteria outlined in RCW 10.97.060. Additional Resource : A guide on when and how to challenge, seal, vacate or expunge. Click www.courts.wa.gov and use the key word "Criminal records brochure".