

Maple Park Lutheran Brethren Church  
17620 - 60<sup>th</sup> Avenue W.  
Lynnwood, WA 98037  
(425)-743-2288

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

Maple Park Lutheran Brethren Church conducts background checks for the safety of the children being cared for in our church as well as the employees and volunteers who care for them. Maple Park uses the Washington Access To Criminal History (W.A.T.C.H.) system set up through the Washington State Patrol for background checks. The W.A.T.C.H. system is an Internet account that the church has arranged with the State of Washington for running the background checks. Backgrounds of employees and volunteers who work with children will be checked only once through the Washington State Patrol under the Revised Code of Washington (RCW).

Under the RCW, a business or organization such as Maple Park Lutheran Brethren Church, shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant who has been offered a position as an employee or volunteer that an inquiry may be made. Also, as the requesting organization, Maple Park Lutheran Brethren Church must notify the applicant and provide a copy of the watch response.

More information is available upon request in the church office regarding the RCW pertaining to Washington's Access to Criminal History.

Please complete the information below for our search purposes. All information will remain confidential.

***Name and date of birth are mandatory.***

Last Name: _____		First: _____	M.I. _____
Which ministry or group are you filling out this form: (ie. Sunday School) _____			
Address: _____		City: _____	ZIP: _____
Phone: (     ) _____		Date of Birth: _____	
I certify that the information I have provided on this form is true and correct. I give my consent for a registered W.A.T.C.H. User to perform a background check with this information. I understand that I will be given a copy of the W.A.T.C.H. response once it has been completed.			
_____ Signature		_____ Date	
_____ Printed Name		_____ Parent or Guardian (if applicant is a minor) Signature	
In signing this document, I am also stating that I have not been convicted of any crimes against children. (Initial) _____			
Official Use Only			
Date of Check: _____		User Performing Check: _____	
No Evidence: <input type="checkbox"/> Evidence: <input type="checkbox"/> Comments: _____			