

NORTHWEST ASSOCIATION FOR BIOMEDICAL RESEARCH

Background Authorization

Mail Signed Form to:

NWABR

100 W Harrison, N Tower, Ste. 430

Seattle, WA 98119

(206) 957-3337

Fax: (206) 282-2214

NWABR conducts background checks through Washington State Patrol WATCH (Washington Access to Criminal History). All prospective Expo Mentors and Readers must complete the following information.

Advisor Name: _____
Last First Middle

Alias/Maiden Names: _____

Date of Birth: _____ Gender: _____ Race: (optional) _____
Month/Day/Year

Social Security: (optional) _____

In accordance with Chapter 43.43 RCW, volunteers are required to complete this disclosure form.

APPLICANT DISCLOSURE FORM PURSUANT TO CHAPTER 43.43 RCW

Have you ever been convicted of, or do you have charges pending for any crime? Yes No
If yes, give the crime, the conviction date or charge status and the state where it occurred.

Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child or adult? Yes No
If yes, give name of court, state licensing board, disciplinary board, or dependency action, details of the finding, and the state where it occurred.

Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, or abandonment? Yes No
If yes, give date, court, and the state where it occurred.

I understand that I am signing this statement under penalty of perjury. The above statements are true and complete to the best of my knowledge. I understand that any untruthful or purposefully misleading answer or any deliberate omission may result in my immediate disqualification as an Expo volunteer. I authorize NWABR to obtain background information including CRIMINAL HISTORY RECORD INFORMATION and other information of a confidential or privileged nature. I hereby release NWABR, the state of Washington, and others from any liability or damage that may result from furnishing this information.

Signature

Date