



Thank you for your interest in volunteering with Love Covers. We require *all* volunteers to submit a background check prior to volunteering at a Love Covers event. This helps ensure a safe environment for our volunteers and the community members we serve. There is no cost to you for your background check.

Our nonprofit has contracted with Criminal Information Services to conduct background checks. You can read more about them on their website.

<https://criminalinfo.com/>

We have attached a pdf document for you to fill out. Once you have completed the form, please scan and email it back to:

patti@lovecoverswa.org

If you have any questions about filling out the form, please contact us. When we receive your completed background check, we will let you know.

We will keep your information confidential. It will *only* be used for the purpose of your volunteer service with Love Covers.

Finally, by agreeing to a background check, you are agreeing to abide by the following polices:

- Treat everyone with respect, dignity, consideration and patience
- Avoid situations where you could be alone with children at a Love Covers event
- Use positive reinforcement rather than criticism, competition or comparison when working with children or youth
- You confirm your role is strictly volunteer status

We are grateful for your interest in volunteering with us and spreading the joy of creative sewing experiences in our community.

Please don't hesitate to reach out with any questions. Creatively yours,

Patti Ledesma

360-790-7804

or email

patti@lovecoverswa.org

CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes _____ and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

Please complete all information below. Please print.

<p>Full Legal Name: _____</p> <p>Current Address: _____</p> <p>Other Names Used: _____ (Maiden, alias', legal name change, etc.)</p> <p>DOB: _____ DL#: _____ State: _____</p> <p>Previous Addresses (County/State OUTSIDE of Washington) in past 7 years : _____ _____ _____</p>
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Applicant's signature: I have reviewed and completed this form as applicable to me. I give _____ permission to verify any information I have provided.

This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

Signature of applicant: _____

Signature of witness: _____

Date: _____