



THURSTON COUNTY SHERIFF'S OFFICE

WASHINGTON

SINCE 1852

JOHN D. SNAZA
Sheriff

2000 Lakeridge Drive SW • Olympia, Washington 98502-6045 • (360) 786-5500

THURSTON COUNTY SEARCH AND RESCUE AUTHORIZATION FOR BACKGROUND CHECK

Last:	First:	Middle:
PLEASE PRINT FULL NAME		

Address (house/apt location)	City	Zip
Mailing Address (if different than above):		

Driver Lic#:	State:	Date of Birth:
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Sex (M - F)	Ht	Wt	Eyes	Hair
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Name of SAR Council Unit: _____

I _____ certify that:
(Please Print)

1. I am able to speak, read and write the English language. Y N **Check one**
2. I am in good physical condition and suffer no physical disabilities other than those indicated on the Emergency Worker Registration Card. Y N **Check one**
3. I require accommodations for the disabilities indicated on the Emergency Worker Registration Card. Y N **Check one**

OVER

4. Are you addicted to the use of intoxicating liquors or narcotics, or do you use any controlled substances. Y N **Check one**
5. I *have / have not* been convicted of a felony.
(**Circle one**)
6. Have you ever been registered as an Emergency Worker in WA State? Y N **Check one**
If so, when and what County:
7. Are you 'Active Duty Military' assigned to Washington State? Y N **Check one**
8. I hereby give permission for the Thurston County Sheriff's Office to conduct a background check that **may** include all the following areas: criminal record, driving record, past employment/volunteer history, educational/professional status, personal references and other persons as appropriate for the volunteer job(s) in which I have expressed an interest. *I understand that I do not have to agree to this background check, but refusal to do so will exclude me from consideration for some types of volunteer work.*

I understand any information collected during this background check will be limited to that appropriate in determining my suitability for particular types of volunteer work and all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for the described volunteer work and such other information as they deem appropriate.

I understand that the final determination for issuance of an Emergency Worker Identification Card will be at the discretion of the Thurston County Sheriff's Office and/or Emergency Management.

Signed _____ Date: _____
Applicant

_____ Date: _____
Witness (Unit Leader)

Signed _____ Date: _____
Parent/Guardian of applicant if under 18 years of age

Background Requested by: _____ Date: _____
Name Agency

Record Checked by: _____ Date: _____
Name Agency

Approved _____ **Denied** _____