

**WASHINGTON STATE GRANGE
YOUTH AND JUNIOR DEPARTMENTS**

BACKGROUND CHECK FORM
Required Per State Law (RCW 43.43.830-845)

Please fill in the necessary information and sign.

FULL (legal) NAME: _____

*Please include previous last name (married or birth name)_____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ SEX: _____ MALE _____ FEMALE

DRIVERS LICENSE # _____ STATE _____

Junior Grange Leader/Volunteer: YES NO

JUNIOR GRANGE NAME _____

Junior Grange Camp Worker/Counselor: YES NO

NAME OF JUNIOR GRANGE CAMP _____

State Grange Youth Program Volunteer: YES NO

**By signing this form you, fully understand the Washington State Grange will run a
background check on you with the Washington State Patrol.**

(Anyone under the age 18. must have a parental signature prior to returning this form.)

Signature of Volunteer _____ Date _____

Signature of Parent/Guardian _____ Date _____

(required if volunteer is under 18 years of age)

**Completed form is to be returned to:
Washington State Grange, PO Box 1186, Olympia WA 98507-1186**