



**AUTHORIZATION FOR BACKGROUND CHECK  
PENINSULA COMMUNITY FOUNDATION  
CONFIDENTIAL WHEN FILLED IN**

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of this application process.)

The Food Backpacks 4 Kids (FB4K) activities in providing services to children under the age of 16 and to vulnerable adults requires that all members of the Board of Directors, volunteers, and employees who provide services under the auspices of the FB4K either directly or indirectly to these persons are required by the State of Washington RCW's to voluntarily submit to a brief background check. This background check will be conducted by an authorized agency such as the Washington State Patrol (WSP), Peninsula School District (PSD), or a private agency under contract with the FB4K. All information obtained during the background check will be held in the strictest of confidence according to the regulations and laws governing such information.

I, \_\_\_\_\_, hereby authorize the FB4K to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying, (volunteer or staff). I understand that the FB4K will utilize an outside agency, firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the FB4K's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment or for work as a volunteer with the FB4K will not be processed further and without prejudice.

I agree that a copy of this authorization has the same effect as an original.

I furthermore hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, and well as from liability that might otherwise results from the request for use of and/or disclosure of any and or all of the foregoing information.

**Applicants Name:**

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(Please Print) First M.I. Last

**Previous Maiden Name (If Applicable)**

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(Please Print) First M.I. Last



Date of Birth: \_\_\_\_\_mm \_\_\_\_\_dd \_\_\_\_\_yy

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

() Female () Male

Driver's License Number \_\_\_\_\_ State: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer/Employee

\_\_\_\_\_  
Date

Thank you very much for your cooperation.

The FB4K Board of Directors