

**WASHINGTON STATE GRANGE CAMPS
YOUTH AND JUNIOR DEPARTMENTS**

BACKGROUND CHECKS FORM

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** _____ **SOCIAL SECURITY#** _____

Junior Leader - YES ___ **NO** ___ **Camp Worker - YES** ___ **NO** ___

Camp(s) I plan to work at _____

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 of 18, must have a parent signature prior to returning this form.)

Signature _____ Date _____

Parent Signature _____ Date _____

(Required for persons under age 18)

Return to: Washington State Grange
PO Box 1186
Olympia, WA 98507-1186