



THURSTON COUNTY SHERIFF'S OFFICE

WASHINGTON

SINCE 1852

Jim Chamberlain, Undersheriff
Dave Pearsall, Chief Deputy
Brad Watkins, Chief Deputy
Todd Thoma, Chief Deputy
Joan Plaza, Fiscal Manager

JOHN D. SNAZA
Sheriff

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

THURSTON COUNTY MEDICAL RESERVE CORPS AUTHORIZATION FOR BACKGROUND CHECK

| | | |
|-------------------------------|--------|---------|
| Last: | First: | Middle: |
| PLEASE PRINT FULL NAME | | |

| | | |
|------------------------------|------|-----|
| Address (house/apt location) | City | Zip |
|------------------------------|------|-----|

| | | |
|---|------|-----|
| Mailing Address (if different than above) | City | Zip |
|---|------|-----|

| | | |
|-------------------|--------|----------------|
| Driver License #: | State: | Date of Birth: |
|-------------------|--------|----------------|

| | | | | |
|-------------|----|----|------|------|
| Sex (M - F) | Ht | Wt | Eyes | Hair |
|-------------|----|----|------|------|

Name of MRC Unit: _____

I _____ certify that:
(Please Print)

1. I am able to speak, read, and write the English language. Y N **Choose one**
2. I require reasonable accommodations for the disabilities indicated on the Emergency Worker Registration Card. Y N **Choose one**

OVER

“Creating a safer community together”

3. Are you addicted to the use of intoxicating liquors or narcotics, or do you use any controlled substances. Y N **Choose one**
4. Have you been convicted of a felony? Y N **Choose one**
5. Have you ever been registered as an Emergency Worker in WA State?
Y N **Choose one**

If so, when and what County: _____

6. Are you 'Active Duty Military' assigned to Washington State? Y N **Choose one**

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** _____