



Well-being as we age

HOMAGE SENIOR SERVICES CRIMINAL HISTORY INFORMATION REQUEST

5026 196th St SW, Lynnwood, WA 98036
Phone: 425.740-3787 / Fax: 425.355.6875 / www.homage.org

Full Name	First	Middle	Last
Other Name(s) Used			
Address Line 1			
Address Line 2			
City/State/Zip			
Date of Birth			
Sex			
Race			

As of this date, I declare under penalty of perjury under the laws of the State of Washington that I have no record pursuant to RCW 43.43.830 through 43.43.845. Full disclosure is recorded on my completed Volunteer Application form.

I understand that Homage Senior Services will notify me of the response to this criminal history request within ten days of receipt. I understand that Homage Senior Services will provide a copy of the response to me upon receipt of a request in writing submitted to the Volunteer Department.

Signature: _____ Date: _____

For Agency Use: New Volunteer Reactivated Volunteer Bi-Annual Review

Agency	Homage Senior Services
Contact/Title	Michelle Frye/Volunteer Manager
Address	5026 196 th St SW
City/State/Zip	Lynnwood, WA 98036
Signature	I certify this request is made pursuant to and for the purpose of non-profit volunteer engagement decisions.
Date	