Homage Senior Services

Well-being as we age

HOMAGE SENIOR SERVICES
CRIMINAL HISTORY INFORMATION REQUEST

1715 100th Pl SE, Everett WA, 98208
Phone: 425.740-3787 / Fax: 425.355.6875 / www.homage.org

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	Bonny McMahon
Address	1715 100th Pl SE
City/State/Zip	Everett, WA 98208
I certify this request is made pursuant to and for the purpose of non-profit volunteer engagement decisions.	Signature
	Date

rev 07/18