

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

**BACKGROUND CHECK 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 # (optional): \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

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's Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Required for persons under age 18)

**RETURN FORM TO:**

**WASHINGTON STATE GRANGE  
PO BOX 1186  
OLYMPIA WA 98507-1186**