BOYS & GIRLS CLUBS
OF BELLEVUE

National Background Check

Request For Criminal History Information

REQUESTING AGENCY/ADDRESS:

Agency: Boys and Girls Club of Bellevue

Address: 209 100th Avenue NE

City/State/Zip: Bellevue, WA 98004

APPLICANT OF INQUIRY: (All information in this box MUST be completely filled out)

Applicant's Name: _____
First Middle Last

Social Security #: _____ Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Mailing Address: _____

_____

Email Address: _____

Division/Team Name: _____
(if applicable)

I certify this request is made pursuant to and for the purpose indicated. Please sign below.

Authorized Signature: _____

Date: _____ Phone: (_____) _____

FOR OFFICIAL USE ONLY: TW: _____

As of this date, the applicant listed above shows no evidence contrary to National BGCA standards for Employees/Volunteers. WATCH: _____

Requesting Agency Signature: _____ Date: _____