



LUTHERAN CHURCH OF THE CROSS  
SUNBEAMS LUTHERAN SCHOOL

### W.A.T.C.H. Program Authorization Form

\_\_\_\_\_  
(Print Students Name)

\_\_\_\_\_  
(Class Color)

Sunbeams Lutheran School is proud to announce that we are a member of the Washington State Patrol W.A.T.C.H. program (Washington Access to Criminal History). As part of the W.A.T.C.H. program we are committed to providing the safest environment for our students. The W.A.T.C.H. program was designed to protect all children under the age of 16, developmentally disable persons and vulnerable adults. The W.A.T.C.H. program is a background check program that was created by the Washington State Legislature when they placed into law the Child/Adult Abuse Information Act.

For Sunbeams Lutheran School to comply with the W.A.T.C.H. program, we are requiring that all staff and volunteers who will or may have unsupervised access to our students sign a release form allowing us to conduct a criminal background check through the Washington State Patrol. Background checks will only be used to ensure the safety of our students and will be maintained in a secure location. All information contained herein will be kept confidential.

As a valued volunteer we are asking for you to complete this acknowledgement form allowing Sunbeams Lutheran School to conduct a criminal background check. A copy of the complete background check will be made available to you upon request.

.....  
I, \_\_\_\_\_, hereby give my consent to Sunbeams Lutheran School for the sole purpose of their obtaining a criminal background check through the Washington State Patrol W.A.T.C.H. program.

As a part of this background check I understand that I am required to disclose if I have ever:

\_\_\_ Been convicted of a crime

\_\_\_ Had findings made against me in any civil adjudicative proceeding (court of law)

\_\_\_ Had been convicted of a crime **and** had findings made against me in a court of law

Name: _____			
Last	First	Middle	
Alias/Maiden Name: _____			
Last	First	Middle	
Date of Birth: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Race: _____	
Do you have a valid WA State Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<small>Secondary dissemination of this information response is prohibited unless in compliance with RCW 10.97.050</small>			

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date