MINOR VOLUNTEER
PARENT/GUARDIAN PERMISSION FORM

To Parent or Guardian: Your child has shown an interest in participating in the volunteer activities of the Yakima Valley Libraries. **This form serves to confirm your permission to allow your minor to become involved as an active volunteer and to allow YVL to obtain a Washington State Patrol background check on your child.**

Any YVL volunteer is subject to a background check which reveals criminal convictions and is obtained through the Washington State Patrol. In order to conduct this background check, we are required to use an individual's date of birth for identity purposes.

To provide approval for a background check to be completed on your child, as outlined above, please complete the following information:

Name of minor:_____
First Middle Last

Date of birth: _____/_____/_____ Gender: F M

Library Location: _____

As the parent/guardian of the above named minor, I grant permission to Yakima Valley Libraries to complete a Washington State Patrol background check on my minor child prior to becoming a volunteer.

_____ _____
Parent Name (print) Signature

Date_____

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