



**BACKGROUND CHECK AFFIDAVIT
COUNTY-AFFILIATED GROUP**

As an officer of the below-named organization, I hereby swear and attest that I have complied with all aspects and intent of the King William County Background Check Policy. Every volunteer in my organization has conducted all of the required background checks and I hereby swear and attest that every volunteer currently assisting in the below-listed organization has passed the background check evaluation process established by King William County.

I understand that falsification of the above statement and/or failure to comply with these requirements may result in the removal of the organization from County-Affiliated status with King William County.

Organization Name: _____

Authorized Representative Name: _____ Title: _____

Authorized Representative Signature: _____ Date: _____