



Volunteer Connections

201 NE 73rd Street, Suite 101 Vancouver, WA 98665
Phone: (360) 735-3683 Fax: (360) 694-6716
Email: volunteerconnections@hsc-wa.org
See our opportunities at www.volunteerwashington.org



Welcome to membership in Volunteer Connections and RSVP. We are delighted that you are part of our community's most vital enterprise: volunteer service.

Volunteer Connections is locally sponsored and supported by the Human Services Council. The Retired and Senior Volunteer Program (RSVP) is a branch of Volunteer Connections and is funded and administered by the Corporation for National and Community Service. Volunteer Connections is staffed by Bobbi Casanova, Jeanné Phipps, Marsha Freshwater, interns, and volunteers. The office is open Monday-Friday, 8:00am - 5:00pm.

No conditions are placed on education, income or experience, age, nor are any fees or dues required. All that is needed is willingness to volunteer and a desire to serve the community. After you complete an enrollment form, a Volunteer Connections staff member will help you find assignments suitable to your interests and schedule. You can also visit www.volunteerwashington.org to see some of our current volunteer opportunities. Our primary concern is your enrichment and fulfillment ~ so we are here to listen, and to identify activities appropriate for you.

As a **volunteer** you will:

- Receive assistance in finding the ideal spot for you.
- Share your knowledge, wisdom and experience with others.
- Enjoy the pleasures that come with helping those in need.
- Remain an active member of the community.
- Meet new people, develop new skills and discover new experiences.

As an active member signed up with Volunteer Connections you will receive many benefits.

Insurance Coverage

Each active Volunteer Connections member is eligible for three kinds of insurance. These policies provide coverage for you while you are volunteering.

- A. Accident Insurance (\$25,000): For personal injury arising from an accident while you are traveling to and from and participating in a volunteer assignment.
- B. Personal Liability (\$1,000,000): In excess of any other valid and collectible insurance you may have.
- C. Excess Automobile Liability (\$500,000): Supplements the volunteer's insurance coverage for bodily injury or property damage.

Recognition

For over 35 years RSVP has hosted an annual Recognition Luncheon Event to honor volunteers 55 years of age and older. A recognition event for volunteers of all ages is being developed.

Newsletter

Volunteers over 55 years old receive a monthly newsletter located within the *Senior Messenger* newspaper containing pertinent information about the program, volunteer opportunities, and about issues important to seniors. Volunteers under 55 years old who have e-mail will receive a monthly e-newsletter.

TIMESHEETS

At the beginning of the year you will receive 12 timesheets. You can call our office for additional timesheets at anytime thereafter. The time sheet is our **primary record keeping tool**. It enables us to monitor the work of our volunteers and to keep accurate, up-to-date figures on the number of hours contributed by Volunteer Connections members. We **must document one hour per quarter to show you as an active volunteer, and to maintain your supplemental insurance coverage and eligibility to attend the annual recognition luncheon**. This information is important ~ it helps us tell the community and our funding sources just how valuable senior volunteers are.

The level of growth and support that Volunteer Connections enjoys is often determined by the number of hours donated by our volunteers. **Thus, every hour counts!** To help us maintain the most exact records possible, we ask that you:

- **Record the total number of hours** you work **each day** at each volunteer station.
- **Be specific** about where you volunteered.
- Have a **volunteer station representative sign** your timesheet.
- **Return** your time sheet to Volunteer Connections **by the 8th of every month**.
- Remember to **sign your time sheet**.
- NEW!!!! You can **email your hours** to our office. **rsvp@dshs.wa.gov**

Please remember that there is no such thing as a late time sheet. Only volunteers who turn in time sheets are considered "active" and are eligible to receive benefits such as insurance coverage.

VOLUNTEER RIGHTS

As a member of Volunteer Connections, you will contribute your time only to a local public or private non-profit agency (called a volunteer station) that has signed a Memorandum of Understanding with Volunteer Connections. As a volunteer, you enjoy rights that should be recognized by the managers and staff members of all stations.

1. You should be treated as a co-worker by staff members at the volunteer station.
2. You should be given assignments that utilize and develop your skills.
3. You should be given adequate information and training to carry out your assignments.
4. You should be told about the organization, its policies and programs as they relate to your tasks.
5. You should receive guidance and supervision by a staff member.
6. You should feel free to discuss problems, ask questions or make suggestions.
7. You should have a written job description and have a designated place to work.
8. You should receive recognition for a job well done.

VOLUNTEER RESPONSIBILITIES

Volunteers expect, and enjoy, certain rights when they donate their time. Volunteers, however, also have specific responsibilities, not only to the volunteer station where they work, but to Volunteer Connections as well. As a volunteer, you are free to set your own schedule, but you must be prepared to fulfill the commitments you make.

1. You must be dependable, reliable and business-like, and abide by the agreement made with the volunteer station.
2. You must notify the volunteer station if it is not possible to meet your commitment or to complete your assignment as planned.
3. You must notify Volunteer Connections if you change or terminate your position with a volunteer station.
4. You must speak up about problems and concerns so that they may be discussed and resolved. Be sure to ask questions about things you don't understand.
5. You must offer constructive suggestions about matters involving your work. Don't merely criticize.
6. You must cooperate with the staff.



Volunteer Connections Enrollment Form

201 NE 73rd Street, Suite 101 Vancouver, WA 98665
Phone: (360)735-3683 Fax: (360) 694-6716
Email: volunteerconnections@hsc-wa.org
See our opportunities at www.volunteerwashington.org



Name: _____ Group Affiliation: _____

Birth date: _____ Over 55 Under 18 Male Female

E-mail: _____

Mailing Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

Emergency Contact Person: _____ Phone: () _____

Language(s) Spoken: _____

Previous/Current Occupation(s): _____

Skills, Hobbies and Experience: _____

Do you volunteer now? YES NO If yes, where? _____

Do you receive the Senior Messenger Newspaper? YES NO
(Our newsletter is part of the Senior Messenger and you will be added to the mailing list if over 50 years old, and don't currently receive it.)

Are you willing to help in the community in the event of a disaster? YES NO

Are you willing to attending disaster preparedness training? YES NO

I understand that the information provided on this form may be disclosed for the purposes of volunteerism only. I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state. I agree to keep all information about clients, volunteers or other individuals obtained while volunteering confidential. I understand that I am not an employee of Volunteer Connections (RSVP), the Human Services Council, or of any agency where I may volunteer. I am under no obligation to accept or continue any assignment unless I choose to do so. I understand that some volunteer positions may require additional driving history checks and/or background check information. **I affirm that the information I have provided is accurate and that I have read and agree to the statements above.**

Volunteer Signature _____ Date _____ Parent/Guardian signature if under 18 years old. _____

VOLUNTEER CONNECTIONS OFFICE USE ONLY

Comments: _____

Referred To: _____ Date: _____
Referred To: _____ Date: _____
Referred To: _____ Date: _____

**Volunteer Connections/RSVP
Manager Signature**
Interviewer: _____
Vol #: _____
Enrollment Date: _____
Termination Date: _____
E-mail List: _____ Sr. Messenger: _____

Registered active volunteers receive CIMA Supplemental Insurance Coverage. (Accident Insurance-\$25,000; Personal Liability-\$1,000,000; Excess Automobile Liability-\$500,000) See Volunteer Connections office for complete policy.

SUPPLEMENTAL INSURANCE COVERAGE

Excess auto liability insurance requires the following:

Driver's License # _____

Expiration date: _____

Auto Insurance Co. _____

Do you carry the state-required minimum liability insurance? YES _____ NO _____

Please name the beneficiary of your RSVP Life Insurance Benefits:

Beneficiary: _____

Relationship: _____

City: _____ State: _____

Phone: () _____

Optional Information

Ethnicity- *Native American* *Asian/Pacific Islander* *Hispanic* *African American* *Caucasian* *Other*

How did you hear about us? *Friend/Family* *TV* *Volunteer Connections Staff* *Internet* *Radio*

www.volunteerwashington.org www.1800volunteer.org *Oregonian* *Senior Messenger* *Columbian*

Volunteer Agency (Name: _____) Presentation: (Location: _____)

Other: _____

INTERESTS AND SKILLS QUESTIONNAIRE (Please circle those which apply)

- | | | |
|---------------------------------|----------------------------|-----------------------------------|
| Advisory Committee | Friendly visitation | Music |
| Appliance repair | Fundraising | Nursing |
| Arts and crafts | Games & crafts w/child | Nursing Home Activities Assistant |
| Barista | Gardening | Nursing home Visitor |
| Blood pressure | Guide/docent | Nutrition site aide |
| Bookkeeping | Health insurance counselor | Office/Clerical |
| Carpentry | Helper-at-risk-kids | Pen Pal |
| Cashiering/Customer Assistance | History | Plumbing |
| Community services | Homeless programs | Project/Special Event Coordinator |
| Computer operator | Hospital | Public speaking |
| Connections Café Assistant | Income tax assistance | Read stories to child |
| Consumer Education | Information desk | Receptionist |
| Cook/food service | In-home assistance | Retail store |
| Crime Prevention Education | Instructor | Sewing |
| Deliver prepared meals | Library aide | Special events assistant |
| Disabled Parking Program | Literacy – elementary | Special Project Coordinator |
| Disaster Preparedness Education | Literacy – high school | Teacher's aide |
| Disaster Response | Literacy – middle school | Transportation |
| Dive Rescue | Literacy – pre-school | Deliver Meals |
| Drug/alcohol programs | Literacy ESL | Transport Goods |
| Editor/writer | Mail delivery | Medical/Urgent Rides |
| Emergency Assistance | Mailings/assembling | Trip escort |
| Engineer | Management assistance | Typing |
| Environmental program | Math tutor | Volunteer services coordinator |
| Foreign languages | Mechanic | Work at food bank |
| Fraud Prevention | Minor electrical repair | Work w/disabled adult |

I prefer to work in:

- ◆ Office Setting
- ◆ Public Information Center
- ◆ School
- ◆ Library
- ◆ Special Events
- ◆ Outside

- ◆ My Own Home
- ◆ Nursing/Convalescent Home
- ◆ Hospital/Healthcare Setting
- ◆ City/County Govn't Agency
- ◆ Community Service Agency
- ◆ Museums

I enjoy working with:

- ◆ Youth
- ◆ Seniors
- ◆ Disabled
- ◆ Home Bound Elderly
- ◆ Immigrant/Refugees
- ◆ Non-English Speaking Pop.

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

A REQUESTING AGENCY/ADDRESS

Agency: Volunteer Connections
Jeanné Phipps
Attn: 201 NE 73rd Street, Suite 101
Address: Vancouver, WA 98665
City/State/Zip:

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

Authorized Signature _____ Date _____
Title _____ Area Code/Phone Number _____

B PURPOSE

Check appropriate box

- Educational School District (ESD)/School District Volunteer - no fee
- Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)
- Profit Business/Organization - \$10
- Adoptive Parent - \$10

Fees: Make payable to **Washington State Patrol** by cashier's check, money order, or business account.

C APPLICANT OF INQUIRY (Please provide as much information as possible. Name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle
Alias/Maiden Name(s): _____
Date of Birth (Month/Day/Year): _____ Sex: _____ Race: _____
[REDACTED] Driver's License # (Number/State): _____ /

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

D IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

WSP Use Only

Volunteer Connections
Requesting Agency _____
Applicant's Signature _____
Applicant's Name _____
Address _____
City/State/Zip _____

Applicant Right Thumb Print

Applicant Right Thumb Print

Applicant Right Thumb Print

CONFIDENTIAL EMPLOYMENT INQUIRY

RCW 43.43.834(2) requires that the Volunteer Center and Retired and Senior Volunteer Program, at the time it accepts an application for any position, obtain the following information from the applicant if the applicant, when hired, may have unsupervised access to children under sixteen (16) years of age or developmentally disabled persons or vulnerable adults during the course of employment or where a volunteer may have access to groups of five (5) or fewer children under twelve (12) years of age, or three (3) or fewer children between twelve (12) and sixteen (16) years of age, or developmentally disabled persons or vulnerable adults. To comply with the statutory requirements, please provide the following information:

1. Have you been convicted of any crimes against children or other persons?
Yes _____ No _____
2. Have you been convicted of crimes related to financial exploitation of a vulnerable adult?
Yes _____ No _____
3. Have you been found in any dependency action under RCW13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?
Yes _____ No _____
4. Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?
Yes _____ No _____
5. Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?
Yes _____ No _____
6. Have you been found by a court in a protection proceeding under chapter 74.24 RCW, to have abused or financially exploited a vulnerable adult?
Yes _____ No _____
7. Have you been ordered by a court to register as a sex offender?
Yes _____ No _____
8. Have you been convicted of any crimes related to drugs?
Yes _____ No _____

I certify that all the above information is true to the best of my knowledge and that I understand that any misstatement of fact may result in my disqualification from consideration for volunteer activities, or in the termination of my volunteer position. I swear under penalty of perjury that the above responses are true and correct.

Applicant's Signature

Date

Applicant's Name (please print)