



<u>OFFICE USE ONLY</u>	
Volunteer #:	_____
Active Date:	_____RSVP?_____
Inactive Date:	_____
Manager Signature:	_____

Application for Volunteer Center Positions

Name: _____ E-mail: _____

Birth date: _____ Under 18 Age 55+ Male Female Veteran

Mailing Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____

Emergency Contact Person: _____ Phone: (_____) _____

Language(s) Spoken: _____

Ethnicity: (optional): Native American Asian/Pacific Islander Hispanic African American Caucasian Other

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

Service Opportunity Categories: *(Please check all that apply)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Children/Schools | <input type="checkbox"/> Community/Government |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Disabled/Vulnerable | <input type="checkbox"/> Disaster Response & Recovery |
| <input type="checkbox"/> Elders | <input type="checkbox"/> Environment/Nature | <input type="checkbox"/> Events |
| <input type="checkbox"/> Food Bank/Pantry | <input type="checkbox"/> Health/Wellness | <input type="checkbox"/> Non-Profit Support |
| <input type="checkbox"/> Pen Pal Program | <input type="checkbox"/> Safety/Crime Prevention | <input type="checkbox"/> Arts/Culture |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Veterans | <input type="checkbox"/> Other: |

Where did you hear about us? _____

Advertised volunteer positions of interest _____

I understand that the information provided on this form may be disclosed for the purposes of volunteerism only and that my information regarding my volunteerism activities/hours/etc. can be shared between stations I serve and Volunteer Connections. 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, the Human Services Council, nor 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 I may be terminated from volunteer assignments, and that I may pursue an appeal process as outlined in the Volunteer Connections Volunteer Handbook. I understand that some volunteer positions may require additional driving history checks and/or background check information. I grant the Human Services Council permission to use my likeness in photograph(s)/video in any and all of its publications or on Internet, whether now known or hereafter existing. I will make no monetary or other claim against Human Services Council for the use of the photograph(s)/video. **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 or Guardian Signature if under 18

Date

RSVP Director Signature

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
Attn 120 NE 136th Avenue, Suite 215
Address Vancouver, WA 98684
City/State/Zip

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

Authorized Signature	Date
Volunteer Connections Manager	360-735-3693
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

CONFIDENTIAL VOLUNTEERING 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 volunteering, may have unsupervised access to children under sixteen (16) years of age or developmentally disabled persons or vulnerable adults during the course of service 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)