



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

### Application for Volunteers Age 55 and over

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birth date: \_\_\_\_\_  Age 55+  Male  Female  Veteran

Mailing Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

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

Do you volunteer now?  YES  NO If yes, where? \_\_\_\_\_

**FREE & REQUIRED for age 55+ Only:** *Registered active volunteers over age 55 serving in RSVP work plan assignments receive CIMA Volunteer Secondary Insurance (Accident \$25,000; Personal Liability \$1,000,000; Excess Automobile Liability \$500,000. See Volunteer Handbook for coverage details.)*

Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Auto Insurance Company: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**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"/> The Arts/Culture             |
| <input type="checkbox"/> Transportation       | <input type="checkbox"/> Veterans                | <input type="checkbox"/> Other: _____                 |

**Where did you hear about us?** \_\_\_\_\_

**Advertised volunteer position(s) 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 _____ | RSVP Director Signature _____ |
| <b>Volunteer Connections &amp; RSVP 120 NE 136<sup>TH</sup> Ave., Ste.215, Vancouver, WA 98684</b>  |            |                               |
| P: 360-735-3690 • F: 360-694-6716 • <a href="mailto:volunteerconnections@hsc-wa.org">volunteerconnections@hsc-wa.org</a> • <a href="http://www.hsc-wa.org">www.hsc-wa.org</a> |            |                               |

# 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 136<sup>th</sup> 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: \_\_\_\_\_

\_\_\_\_\_ 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

3000-240-430 (09/01)

**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)