



525 W. Second Avenue
Spokane, WA 99201-4301
Tel: 509.624.2378
Fax: 509.324.2275

Dear Volunteer,

Thank you for your interest in volunteering for Volunteers of America. Without our volunteers, we would be unable to offer many services. We appreciate your willingness to help and look forward to working with you.

Enclosed you will find our application materials as well as a description of the services offered at each of our program sites. Many different volunteer opportunities are available. Please note that the majority of them require volunteers to be over the age of 21.

All of our volunteers are required to complete a Washington State Patrol (WSP) background check. We can process the WSP online; this can be done quickly. However, if you choose to work with individuals under the age of 18, we are required by law to also perform a Department of Social and Human Services (DSHS) background check, which generally takes six to eight weeks to process, but we will invite you to join us as a “temporary” volunteer once you pass the first background check. Please use black ink to fill out the background check forms and return these forms as soon as possible.

When you have cleared the WSP background check, we will invite you to our next orientation and to come for a brief placement interview. Please feel free to contact me if you have any questions or need any further information. You may contact me by telephone at (509) 624-2378 ext. 111 or via email at swoehrlin@voaspokane.org. I look forward to working with you.

Sincerely,

Susan Woehrlin
Volunteer Coordinator

VOLUNTEERS OF AMERICA

Volunteer Application

BASIC INFORMATION:

Full Name: _____

Preferred Name (If different): _____

Address: _____

Date of Birth: _____

Contact Information:

Home Phone: _____ Best time/s to call: _____

Cell Phone: _____ Best time/s to call: _____

Work Phone: _____ Is it alright to call you at work? _____

Email Address: _____

Employer: _____

Occupation: _____

Emergency Contact:

Full Name: _____

Relationship to You: _____

Phone Number: _____

INTERESTS & SKILLS:

1) Which Volunteers of America program do you wish to volunteer at??

2) Why would you like to volunteer at our agency? _____

- 3) Are you a current client or have you ever received services from Volunteers of America? If so, which program(s)? When did you receive services? _____

- 4) If you have been homeless or had street involvement in the past, how long have you had no street involvement? _____
- 5) Highest level of Education Completed: _____
- 6) Major area of Study or Area of Special training: _____
- 7) Hobbies, Skills, Special Interests: _____

- 8) Tell us a little about yourself: _____

HOW DID YOU HEAR ABOUT US?

- Friend/Family Member Our Volunteer Coordinator
 Radio T.V. Our Website Other _____

WHAT TYPE OF VOLUNTEER WORK INTERESTS YOU? Check ALL that apply to you.

- | | |
|--|--|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Working in groups or on teams |
| <input type="checkbox"/> Holding a fundraiser | <input type="checkbox"/> Wrapping Christmas gifts |
| <input type="checkbox"/> Janitorial/Cleaning | <input type="checkbox"/> Maintenance or Yard Work |
| <input type="checkbox"/> Providing a Meal | <input type="checkbox"/> Working one-on-one with an individual |
| <input type="checkbox"/> Public speaking | <input type="checkbox"/> Daytime Receptionist (M-F) |
| <input type="checkbox"/> Sharing a skill or talent | <input type="checkbox"/> Collecting items needed (food, toiletries, clothes, etc.) |

What is your special skill? _____

Other (Please Explain: _____)

INDIVIDUALS I AM MOST INTERESTED IN WORKING WITH: Feel free to check more than one.

- Children Seniors Incarcerated Persons
 Teens Mothers Individuals with disabilities
 Adults Agency Staff Other: _____

AVAILABILITY:

- 1) When is best for you to volunteer?
 I am flexible Prefer weekends Other: _____
 Prefer weekdays Prefer evenings
- 2) How often would you like to volunteer?
 Weekly Occasionally Monthly Other: _____
- 3) Do you have access to transportation to get to and from your volunteer work?
 Yes No

BACKGROUND INFORMATION:

- 1) Have you ever been convicted of a criminal offense? Yes No
- 2) If yes, please explain: _____

- 3) If you have a disability, please list any accommodations you may need to volunteer:

REFERENCES: Please list at least 3 total references in the below sections who have known you for at least 2 years and are not relatives. *(Email addresses are very helpful and often speed up the process.)*

PAST EMPLOYMENT			
Name of Company	Supervisor	Phone # / Email	Start & End Dates

PREVIOUS/CURRENT VOLUNTEER EXPERIENCE			
Name of Company	Supervisor	Phone # / Email	Start & End Dates

OTHER REFERENCES			
Name of Company	Supervisor	Phone # / Email	Start& End Dates

PLEASE HONESTLY RATE YOURSELF IN THE FOLLOWING 5 AREAS. This will help us with both training and placing you. Only circle one number per question. If you don't know, please circle, DK. The scale is as follows: 1=Rarely, 2=Sometimes, 3=Often, and 4=Always.

- | | | | | | |
|--|---|---|---|---|----|
| 1) I handle verbal confrontation well. | 1 | 2 | 3 | 4 | DK |
| 2) I am good at expressing my thoughts verbally. | 1 | 2 | 3 | 4 | DK |
| 3) I work well with the opposite sex. | 1 | 2 | 3 | 4 | DK |
| 4) I am a good listener. | 1 | 2 | 3 | 4 | DK |
| 5) I work well in a group or on a team. | 1 | 2 | 3 | 4 | DK |

OATH OF HONESTY: I verify that all of the information I have written on this application is true. Any discrepancies in the info may be grounds for denying or terminating my volunteer placement. I also understand that by submitting this application, I authorize inquiries to be made concerning my suitability as a volunteer. The information requested in this application and such as may otherwise be obtained will be used only for the purpose of determining suitability as a volunteer. All information will be held in confidence. I acknowledge and agree that I am not obligated, if called upon, to perform volunteer services for the agency and that this agency is not obligated to assign volunteer service. A copy of this application will be sent to the program I wish to volunteer with. I understand that the agency has sole discretion in determining suitability.*

Volunteer Signature

Date

*Your age will not be used to determine suitability except when licensing codes are applicable.



STATEMENT OF POLICY: THE DRUG FREE WORKPLACE

It is the policy of Volunteers of America of Eastern Washington and Northern Idaho that the unlawful manufacture, distribution, possession or use of a controlled substance or illegal drug of any type in or near the office, property, or workplace(s) of Volunteers of America of Eastern Washington and Northern Idaho is strictly prohibited. Reporting to work while debilitated by “private” and/or off-site usage of controlled substance is strictly prohibited.

It is the policy of Volunteers of America of Eastern Washington and Northern Idaho that employees and volunteers may not report to work under the influence of alcohol, use or possess alcohol near the offices, property, or workplace(s) of Volunteers of America of Eastern Washington and Northern Idaho.

Any employee/volunteer who is in violation of this policy shall be subject to disciplinary action which may include suspension and/or termination.

It is a condition of employment/volunteering that each employee/volunteer agrees to abide by the policy statement set forth herein. In addition, it is also a condition of employment/volunteering that each employee/volunteer agrees to notify Volunteers of America of Eastern Washington and Northern Idaho of any drug-related conviction or alcohol-related conviction within five days of the date of any judgment of conviction.

It is understood that any employee/volunteer who is convicted of an alcohol or drug-related offense shall be subject to disciplinary action, which may include suspension or termination.

Volunteers of America of Eastern Washington and Northern Idaho reserves the right to require any employee/volunteer convicted of a drug offense or in violation of this policy to submit to drug counseling and/or rehabilitation services as part of disciplinary action.

This statement of policy is presented to you and adopted by Volunteers of America of Eastern Washington and Northern Idaho pursuant to provisions of the Drug Free Workplace Act of 1988.

Employee/Volunteer Signature

Date



CONFIDENTIALITY AGREEMENT

The protection of information is vital to the interests of Volunteers of America. I, _____ understand that in the course of my volunteer activities with Volunteers of America I may have access to and become acquainted with information of a confidential, propriety, or secret nature that is or may be applicable or related to the present future business of Volunteers of America, its research and development, or the business of its customers. Such information includes, but is not limited to the following:

- Identifying and other information about clients, former clients, or persons seeking services, including names, personal information, or other program information;
- Compensation, other confidential personnel information of staff or volunteers;
- Financial information, vendor or donor information, contribution lists, and other information; and
- Marketing strategies and data, new material research, pending projects and proposals, research and development strategies, materials, products, designs, plans, ideas, and data of the organization.

I agree to not disclose any of the above-mentioned information or other organizational information directly or indirectly and agree not to violate the spirit or intent of this provision. It is a violation of Volunteers of America's policy for any volunteer or staff member to divulge organizational information to any person or persons other than appropriate Volunteers of America staff members or its designates.

I understand that breach of confidentiality or disclosure of organizational information may be cause for dismissal from my position as a volunteer with Volunteers of America.

Employee/Volunteer Signature

Date



BACKGROUND CHECK PERMISSION FORM

In order to protect our clients, we at Volunteers of America run very thorough background checks on all employees and volunteers.

I hereby authorize Volunteers of America to perform a check of my background, including:

- All Criminal Records
- All Driving Records
- Past Employment/Volunteer History
- Personal References
- Department of Social and Health Services Records
 - This information might include criminal history, child protective services, family reconciliation services, child welfare services, and/or licensing information. Child Protective Services information may be “founded,” “inconclusive,” “unfounded,” “information only,” or “third-party” information. Licensing information may be “valid” or “invalid” or include compliance agreements.

and other persons or sources as appropriate for the volunteer positions which I have expressed an interest.

I understand that I do not have to agree to this background check, but that refusal to do so will exclude me from consideration for some types of volunteer positions.

I understand that information collected during this background check will be limited to what is needed to determine my suitability for particular types of volunteer positions.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described work and other information that they deem appropriate.

Potential Volunteer Name (please print)

Potential Volunteer Signature

Date

WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<https://watch.wsp.wa.gov>



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION FROM THE IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$17.00 CHECK OR MONEY ORDER OR COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST FOR \$10.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$5.00 PER NOTARY SEAL

____ Notarized Letter(s) (available by mail only)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.



SUBJECT INFORMATION: (Please type or print clearly)


Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Background Authorization

Read the attached instructions before completing this form.

SECTION 1. ENTITY INFORMATION (COMPLETED BY DSHS STAFF, PROVIDER, APPLICANT, LICENSEE, AND/OR CONTRACTOR)			
1A. GIVE NAME OF PERSON OR ENTITY REQUESTING THIS BACKGROUND CHECK Volunteers Of America	1B. SEE INSTRUCTIONS: GIVE ENTIRE ADDRESS OF PERSON OR ENTITY REQUESTING THE CHECK 525 W. Second Avenue Spokane, WA 99201	1C. REQUIRED BY CHILDREN'S ADMINISTRATION ONLY: GIVE NAME OF FACILITY/FOSTER HOME	
2. NAME AND SIGNATURE OF PERSON REQUESTING THE BACKGROUND CHECK PRINTED NAME: Susan Woehrlin SIGNATURE: 			
3. A. REQUIRED ONLY FOR ECONOMIC SERVICES ADMINISTRATION: <input type="checkbox"/> WorkFirst contract <input type="checkbox"/> Protective Payee <input type="checkbox"/> In-home relative <input type="checkbox"/> In loco parentis			
B. REQUIRED ONLY FOR CHILDREN'S ADMINISTRATION: <input type="checkbox"/> State foster care <input type="checkbox"/> Private agency foster care <input type="checkbox"/> Adoption <input type="checkbox"/> DCFS relative placement <input type="checkbox"/> Contracts <input type="checkbox"/> Subject of (or related to) CPS investigation <input checked="" type="checkbox"/> Residential facility or child placing agency employee			
C. REQUIRED ONLY FOR ADULT PROTECTIVE SERVICES: <input type="checkbox"/> Subject involved in (or related to) APS investigation per RCW 74.34			
D. REQUIRED ONLY FOR DSHS STATE EMPLOYMENT: DSHS POSITION NUMBER _____ (WRITE NONE IF NONE) DSHS JOB CLASSIFICATION: _____ PERSONNEL IDENTIFICATION NUMBER: _____ <input type="checkbox"/> Permanent appointment <input type="checkbox"/> Non-permanent appointment <input type="checkbox"/> Work study <input type="checkbox"/> Volunteer <input type="checkbox"/> Student internship <input type="checkbox"/> Layoff <input type="checkbox"/> On-Call			
4. SEE INSTRUCTIONS: BCCU ACCOUNT NUMBER 11003846	5A. SEE INSTRUCTIONS: DSHS ID NUMBER OR NAME 5428	5B. FOR WEB SERVICE FINGERPRINT CHECK: BCCU INQUIRY ID NUMBER	
SECTION 2. THIS SECTION IS FOR APPLICANT INFORMATION ONLY (THE PERSON TO BE CHECKED IS THE APPLICANT)			
6. SEE INSTRUCTIONS: SOCIAL SECURITY NUMBER		7. PRINT YOUR DATE OF BIRTH (MM/DD/YYYY)	
8A. SEE EXAMPLE IN INSTRUCTIONS: PRINT YOUR LAST NAME AS IT IS NOW (WRITE NONE IF NONE)	SEE EXAMPLE IN INSTRUCTIONS: PRINT YOUR FIRST NAME AS IT IS NOW (WRITE NONE IF NONE)	SEE EXAMPLE IN INSTRUCTIONS: PRINT YOUR MIDDLE NAME AS IT IS NOW (WRITE NONE IF NONE)	
8B. PRINT YOUR LAST NAME AT BIRTH (WRITE NONE IF NONE)	PRINT YOUR FIRST NAME AT BIRTH (WRITE NONE IF NONE)	PRINT YOUR MIDDLE NAME AT BIRTH (WRITE NONE IF NONE)	
9. PRINT OTHER LAST NAMES YOU HAVE USED AND LAST NAMES YOU HAVE BEEN KNOWN BY (WRITE NONE IF NONE)			
10. PRINT YOUR NICKNAMES AND ALL OTHER FIRST NAMES YOU HAVE USED AND HAVE BEEN KNOWN BY (WRITE NONE IF NONE)			
11A. Have you been convicted of any crime? If yes, fill in the blanks below. Add a page if you need more room. <input type="checkbox"/> Yes <input type="checkbox"/> No Felony and gross misdemeanor crimes: _____ Degree: _____ State: _____ Conviction date: _____			
11B. Do you have charges (pending) against you for any crime? If yes, fill in the blanks below. Add a page if you need more room. <input type="checkbox"/> Yes <input type="checkbox"/> No Felony and gross misdemeanor crimes: _____ Degree: _____ State: _____			
12. Have you ever received a notice from a court or state agency stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or adult? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. Has a court or state agency ever denied you a contract or license; terminated, revoked or suspended your contract or license; or have you ever given up your contract or license because a court or agency was taking action against you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Has a court ever written an order of protection or a restraining order lasting more than 30 days against you for abuse, neglect, financial exploitation, domestic violence, or abandonment of a vulnerable adult, juvenile, or child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. PRINT YOUR DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER (WRITE NONE IF NONE)		PRINT THE NAME OF THE STATE ON YOUR LICENSE OR ID	
16. How many years have you lived in Washington State without living in another state? _____ Years / _____ Months			
17. A. PRINT THE STREET ADDRESS WHERE YOU LIVE NOW CITY STATE ZIP CODE COUNTY			
B. SEE INSTRUCTIONS: PRINT THE STREET ADDRESS WHERE YOU LIVED BEFORE YOUR CURRENT ADDRESS CITY STATE ZIP CODE COUNTY			
C. SEE INSTRUCTIONS: GIVE THE DAYTIME AREA CODE AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED			
18. I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles or children. My signature in box number 19 means: <ul style="list-style-type: none"> • I give DSHS permission to check my background with any governmental entity and law enforcement agency. • If a founded finding is identified, I give DSHS permission to give only my name and that a founded finding was identified to any persons or entities in Section 1. • I give DSHS permission to give all my other background information to the persons or entities named in Section 1. • This permission is good for 90 days from the date signed. I can change my mind about this permission in writing at any time. 			
19. REQUIRED: YOUR SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.			20. REQUIRED: TODAY'S DATE (MM/DD/YYYY)
FOR USE BY CHILDREN'S ADMINISTRATION STAFF ONLY			
CAMIS files checked by _____ on date _____ <input type="checkbox"/> No information found <input type="checkbox"/> Information available			

INSTRUCTION SHEET FOR FILLING OUT THE BACKGROUND AUTHORIZATION FORM

Background Authorization Instructions – Page 1 of 2

You MUST fill in ALL boxes on this form as instructed. READ the instructions for each Section and each box.

You MUST put an answer in the box. You can put NO, NOT APPLICABLE (N/A), OR NONE– except BOX number 3 –

DO NOT answer any question by putting UNKNOWN or a QUESTION MARK in the box. If you do, the form will be sent back.

Print clearly with black ink.

Read each question carefully.

Check with your DSHS program to find out if you must fill in boxes marked "SEE INSTRUCTIONS"

_____ (This box allows your program to insert their requirements.)

You MUST put an answer in every box and return this form to: _____ (This box allows the person, program, or entity to insert the address or fax number where the form is to be returned.)

Most background authorization forms are sent back to the requester for the following reasons:

- Wrong form.
- Blank boxes.
- Bad handwriting.
- Missing or wrong BCCU account number.
- Person under 18 signs the form without a parent or guardian signature.
- Date signed is older than three (3) months from the date BCCU received the form.

SECTION 1: This section must be completed by the person or entity requesting this background check. An entity may be a facility, business, organization, or agency such as a Nursing Home, a Rehabilitation Center, or a DSHS Office.

If you are applying to be a licensed Adult Family Home, Boarding Home, or Nursing Home, **SKIP SECTION 1.** GO directly to SECTION 2.

- A. You MUST** put the name of the entity or person asking for the background check. An entity may be a DSHS office. A person may be someone applying for a license or a service provider contract. Ask your DSHS program to tell you what person's name or the name of the entity that is required for this box.
_____ (This box allows your program to insert requirements.)

B. Ask your DSHS program if you are required to fill in the address of the entity or person asking for the background check. Put N/A in this box if NOT required by your program.
_____ (This box allows your program to insert requirements.)

C. This box is ONLY for Children's Administration. Children's Administration: Fill in the name of the facility or foster home.
- You MUST** print and sign your name if you are the person asking for the background check. The person who is being checked signs in box 19.
- DO NOT WRITE ANYTHING IN THESE BOXES UNLESS you are an employee of Children's Administration, Economic Services Administration, Adult Protective Services or a DSHS hiring authority.

D. Personnel ID Number is the permanent number assigned to every staff person by the Department of Personnel (DOP).
- You MUST** put your BCCU account number in this box. You can find your BCCU account number at <http://www1.dshs.wa.gov/msa/bccu/index.htm>. If this form is part of your application for **license** as an Adult Family Home, Boarding Home or Nursing Home, you **DO NOT** need to give the BCCU account number. You MUST do the following:

 - Adult Family home – Put an **A** in front of your license number.
 - Boarding home– Put a **B** in front of your license number.
 - Nursing home– Put an **N** in front of your license number.
- A.** You MUST ask your DSHS program if they require you to have an ID number or a name in this box. Put N/A in this box if NOT required by your program.
_____ (This box allows your program to insert requirements.)

B. DSHS ONLY – Put N/A if you are NOT a DSHS staff person using Web Service for fingerprint background checks. This ID number is for DSHS staff to track background checks. Any program may use this box for their own tracking purposes.

SECTION 2: You MUST fill out this section if you are the person we are checking. Note: A DSHS employee asking for a background check for an Adult Protective Services (APS) or Child Protective Services (CPS) investigation MUST fill out this section as best he or she can.

6. You MAY put your social security number (SSN) in this box. Your SSN is not required to conduct a background check.
_____ (This box allows your program to insert requirements.)
7. You MUST fill in your date of birth.
- 8A. You MUST put your whole name. If you do not have a name to put in this box, you MUST put **NONE**.
SEE EXAMPLE BELOW.

EXAMPLE:

PRINT YOUR LAST NAME AS IT IS NOW <i>NONE</i>	PRINT YOUR FIRST NAME AS IT IS NOW <i>"Prince"</i>	PRINT YOUR MIDDLE NAME AS IT IS NOW <i>NONE</i>
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- B. You MUST put your whole birth name. You MUST put **SAME** if any of your names are the same as the names you put in box 8A.
9. You MUST put last names you have used or have been known by. You MUST put **NONE** if you have NOT used or been known by any other last names.
10. You MUST put any nicknames you have used. You MUST put **NONE** if you have NOT used any nicknames.
11. You MUST answer **YES** or **NO**. If your answer is **YES** to A. or B., you MUST fill in your conviction and pending charge information.
12. You MUST answer **YES** or **NO**.
13. You MUST answer **YES** or **NO**.
14. You MUST answer **YES** or **NO**. Put **YES** if the protection order lasted longer than 30 days and it was for the protection of a vulnerable adult, juvenile or child.
15. You MUST put your driver's license or state identification number in the box. You MUST put the name of the state in the box. You MUST put **NONE** if you do not have a driver's license or state identification number.
16. You MUST put the number of years and months you have lived in Washington State without living in another state or country. If you have moved out of Washington to another state or country, you MUST start counting the years and months from the date you moved back to Washington State. **Note:** You MUST ask your program if you have to get a fingerprint check.
17. A. You MUST fill in the address where you live now.
B. Your program may require you give your old address. Ask your DSHS program. Put N/A in this box If NOT required by your program.
_____ (This box allows your program to insert requirements.)
C. Ask your program if your telephone number is required. You MUST put **NONE** if you do not have a telephone number.
_____ (This box allows your program to insert requirements.)
18. You MUST read the statement in this box. Your signature under number 19 means you have read and agree to the statements in number 18. This background authorization form does NOT take the place of a public disclosure request for records about a founded finding. Founded finding means a state agency has taken a legal action against someone after an investigation and notice of a decision about abuse, sexual abuse, neglect, abandonment or exploitation or financial exploitation of a vulnerable adult, juvenile or child.
19. You MUST sign your name here. If you are NOT 18 years old, your parent or guardian MUST sign here.
20. You MUST fill in the date you signed this form.

ATTENTION APPLICANTS:

If you want to know the status of your background check form or need information about the BCCU background check process, contact BCCU at: bccuinquiry@dshs.wa.gov

ATTENTION ENTITIES AND DSHS STAFF: You MUST report errors in your address, telephone number or fax number to BCCU at bccuinquiry@dshs.wa.gov or (360) 902-0299. Put your BCCU account number in your email.