



**Volunteers
of America**

**EASTERN WASHINGTON
& NORTHERN IDAHO**

525 W. Second Avenue
Spokane, WA 99201-4301
Tel: 509.624.2378
Fax: 509.624.2275

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 us if you have any questions or need any further information. You may contact our volunteer coordinator by telephone at (509) 624-2378 ext. 133 or via email at volunteers@voaspokane.org. We look forward to working with you.

Sincerely,

A handwritten signature in blue ink that reads "Fawn C. Schott".

Fawn C. Schott
President/CEO

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.

___ Tutoring ___ Working in groups or on teams

___ Holding a fundraiser ___ Wrapping Christmas gifts

___ Janitorial/Cleaning ___ Maintenance or Yard Work

___ Providing a Meal ___ Working one-on-one with an individual

___ Public speaking ___ Daytime Receptionist (M-F)

___ Sharing a skill or talent ___ 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, proprietary, 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



Workplace Policy: Social Network Sites, Blogs and Forums

We respect employees' and volunteers' freedom to use the internet, weblogs (blogs), web forums, social networking and social media sites as they feel appropriate while off-duty using equipment or systems not owned or provided by Volunteers of America so long as the activity does not break confidentiality, have a negative effect on our workplace environment, Volunteers of America or its business interests. For this reason employees/volunteers should remember these points when using these systems.

- Employees/volunteers may not use work facilities, equipment, or time to develop, design, maintain, update, or make entries on these sites, blogs, forums, or social networks, with the exception of Public Relations staff assigned this task for agency business. Similarly, employees/volunteers may not link these sites, forums, etc. to the employer's website unless sharing a link published by Volunteers of America for this purpose.
- Employees/volunteers should be respectful of those we serve, vendors, owners, managers, supervisors and fellow employees or volunteers. At all times, employees and volunteers must comply with our confidentiality policies to protect confidential and proprietary information about our business, employees, vendors and clients. ***This responsibility applies to all professional and personal communication, even while off work using one's own equipment and includes friending, following or otherwise involving clients in your activity on social network sites, blogs or forums.***
- These systems may not be used to threaten, harm, harass, stalk, invade privacy, publish private facts, defame or infringe intellectual property of any entity or person, with whom we work, serve or have a business relationship or Volunteers of America or its staff.
- Employees/volunteers may and are encouraged to express their individual views or beliefs. At the same time, if employees/volunteers state they work for or volunteer with Volunteers of America, they must also state that any opinions expressed are those of the individual and not the employer. It must be clear that they speak for themselves, and do not speak for or on behalf of Volunteers of America. Individuals are solely responsible for the content of their communication on such sites, blogs, forums and networks and are solely liable for any criminal or civil obligations arising from that activity.
- Employees/volunteers may not use employer trademarks, logos, service marks, slogans or copyrighted materials without express prior written authorization with the exception of links published by the agency for the purpose of sharing.
- Use of social networking sites, blogs, forums or other networks must not violate the employee's duty of loyalty and confidentiality to Volunteers of America. Social networking and/or internet based activities may not interfere with the employee's work commitments.
- These systems may not be used for illegal, unethical, or other activity that tends to cast the employer in a negative light or that in any other manner impacts or impairs the employee's relationship to the employer, co-workers or those we serve.
- The fact that this policy does not specifically identify a particular site or technology does not limit the extent of the application of this policy.

Volunteers of America monitors its facilities and systems for compliance with this policy and monitors the internet and various sites for the use of our name, copyrights, marks, website, other intellectual property and any other associated inappropriate material. Employees/volunteers who violate this policy are subject to disciplinary action up to and including immediate discharge.

Signature

Date



Workplace Policy: Telecommunications Systems

Volunteers of America owns and maintain various systems, including but not limited to computer hardware, software, internet and electronic mail (e-mail) access, cellular telephones, pagers, an office telephone system, voicemail, facsimiles, scanners, and/or other communications devices to assist in the conduct of business within and by the employer. Accordingly, employees should limit personal use to a minimum. No personal long distance or toll telephone calls are to be charged to the employer. Where excessive personal use of company mobile or cellular telephones is identified, employees will be required to make arrangements for repayment of those costs, including execution of any necessary authorization for deduction from pay.

All information stored on Volunteers of America's systems, including but not limited to computers, servers, networks, voice mail, e-mail and cellular and office based telephones and records, is considered property of the company. All computer passwords must be provided to the employer for safekeeping. The employer reserves the right to access, audit, review, copy, disclose, and delete any messages, text, or images generated, sent, received, accessed or stored on these systems for any purpose and to disclose this information to any party, inside or outside the business, that it deems appropriate without prior notice. Even voice mail, text or e-mail messages deleted or erased by an employee may not be permanently deleted from the employer's systems, and Volunteers of America retains the right to access them for so long as the information may be obtained from any source. Based on this fact, employees and volunteers **have no expectation of privacy in these systems and are urged not to use them for messages they would not want reviewed by others.** An employee or volunteer's use of these systems for any non-work related purposed signified his or her consent to these terms of use.

The telecommunications system may not be used to solicit, recruit or seek involvement for commercial ventures, religious, political, or charitable causes, outside organizations, or other non-job related solicitations. These systems may not be used to create, view, access, transmit, download, display, print, or store offensive, threatening or disruptive messages, text, or images. Among the messages, text or images that are considered offensive are any messages containing sexually explicit or obscene language or content or those containing language or content prohibited by Volunteers of America's unlawful harassment policy or confidentiality policy. These systems may not be used to threaten harm against any person or property or to criminally harass or stalk any individual. These systems are not to be utilized to generate chain letters, to post messages to multiple list servers, or for recreational game playing. Further, these systems are not to be used for the transfer of copyrighted, trade secret, confidential, or proprietary information, materials, images or data, without prior written authorization.

Employer provided cellular telephones or other telecommunication devices may not be used while driving any vehicle. Employees/volunteers may only use such devices while a vehicle is safely parked unless emergent circumstances exist and the employee is contacting law enforcement.

An employee or volunteer's use of these systems signifies his or her consent to these terms of use, including employer access, monitoring and disclosure of electronic information. Any employee in violation of this policy may be subject to disciplinary action, up to and including immediate termination of employment. The fact that this policy does not specifically identify a particular site or technology does not limit the extent of the application of this policy.

Personal Mobile and Cellular Telephones and other Telecommunications Devices Workplace Policy

Employees/volunteers may carry and use personal mobile or cellular telephones, or other telecommunications devices only to the extent such activity does not interfere with productivity, safety or morale. Ring settings should be set to vibrate or turned off to avoid interfering with the work of others. These devices may not be used to create, view, access, transmit, download, display, print or store offensive, threatening, disruptive or confidential messages, text or images while on company premises or while in the

course of employment. These devices may not be used for the transfer of copyrighted, trade secret, confidential or proprietary information, materials, images or data of this company or those we serve at any time.

Personal cellular telephones or other telecommunication devices may not be used while driving any vehicle. Employees/volunteers may only use such devices while a vehicle is safely parked unless emergent circumstances exist and the employee is contacting law enforcement.

Any employee in violation of this policy may be subject to disciplinary action, up to and including immediate termination of employment/volunteering. The fact that this policy does not specifically identify a particular technology does not limit the extent of the application of this policy.
Appended 10/19/2011

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)

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.

A

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: _____ SIGNATURE: _____ |
|---|

3. A. REQUIRED ONLY FOR ECONOMIC SERVICES ADMINISTRATION:
 WorkFirst contract Protective Payee In-home relative In loco parentis

B. REQUIRED ONLY FOR CHILDREN'S ADMINISTRATION:
 State foster care Private agency foster care Adoption DCFS relative placement Contracts
 Subject of (or related to) CPS investigation Residential facility or child placing agency employee

C. REQUIRED ONLY FOR ADULT PROTECTIVE SERVICES:
 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: _____
 Permanent appointment Non-permanent appointment Work study Volunteer Student internship Layoff 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..... Yes 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..... Yes 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? Yes 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?..... Yes 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? Yes 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:

- 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 _____ No information found 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.

Background Authorization Instructions – Page 2 of 2

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 PRINT YOUR FIRST NAME AS IT IS NOW PRINT YOUR MIDDLE NAME AS IT IS NOW
NONE "Prince" NONE

- 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.