



PREPARES VOLUNTEER: PARISH COORDINATOR - MENTOR – DIRECT SERVICE VOLUNTEER

You can submit your application and a copy of a photo ID to prepares@ccsww.org or by mail to:
PREPARES of Western Washington | Catholic Community Services | 100 23rd Ave S | Seattle, WA 98144.
For questions, please email or call us at (206) 737-9264. Thank you for your interest in volunteering.

Name: _____ Birthdate: _____

Address: _____

Home phone: _____ Work phone: _____

E-mail Address _____ Parish: _____

Number of years a Washington State resident _____

Have you taken the Protecting God's Children (Safe Environment) course? Yes No
If not, please see Safe Environment packet for more information.

Previous and current volunteer work: _____

Work experience: _____

Are you presently attending school? Where? _____

Do you speak any languages other than English? _____

Do you have any special training that you believe will help you in this position? _____

Why do you want to become a PREPARES volunteer? _____

What do you expect to gain from being a PREPARES volunteer? _____

Identify your personal strengths that you feel will contribute to working with a PREPARES family: _____

Identify your personal weaknesses and challenges that you feel may hinder your effectiveness as a volunteer:

Can you please share your available time commitment? _____

Describe your experiences(s) with children: _____

Do you have any personal or professional experience with the following?

Child Abuse/Neglect

Drug/Alcohol Issues

Domestic Violence

If yes, describe briefly _____

Do you have any physical limitations that might affect your ability to work with a PREPARES family? _____

Do you have access to a car? _____

Are you willing to transport a family occasionally? _____

Do you have a current driver's license? _____ License number: _____

Auto insurance company: _____ Policy number: _____

Who should we contact in case of an emergency: _____

Relationship: _____ Home phone: _____

Work phone: _____

It is necessary for our office to have three references on file (please do not list relatives):

Reference #1

Name: _____ E-mail: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Daytime Phone #: _____

Reference #2

Name: _____ E-mail: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Daytime Phone #: _____

Reference #3

Name: _____ E-mail: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Daytime Phone #: _____

I understand that by submitting this application, I authorize inquiries to be made concerning my suitability as a Prepares volunteer. All information will be held in confidence and used only for the purpose of determining my appropriateness as a volunteer. I also understand that the agency is not obligated to assign me a volunteer opportunity.

Signature: _____ Date: _____



PREPARES PROGRAM VOLUNTEER AGREEMENT
PREPARES Volunteer: Parish Coordinator - Mentor – Direct Service Volunteer

PREPARES; Pregnancy and parenting support program agrees:

1. To provide meaningful assignments which utilize and develop skills.
2. To give the volunteer an opportunity to meet as needed with Prepares Volunteer Parish Coordinator and or PREPARES Area Coordinator to discuss problems, make suggestions and referrals or facilitate changes.

As a volunteer with the PREPARES; Pregnancy and parenting support program I will:

1. To participate in continuing education when provided by PREPARES.
2. To exercise caution when acting on PREPARES behalf in any situation, and to contact the PREPARES Volunteer Parish Coordinator and or PREPARES Area Coordinator as soon as possible if problems arise that make participation in the program difficult or impossible (health, family illness, etc.)
3. Carry out assignments responsibly and seek assistance from the PREPARES Volunteer Parish Coordinator and or PREPARES Area Coordinator in any situation when I am not clear what my role is.
4. Consult with a PREPARES Volunteer Parish Coordinator and or PREPARES Area Coordinator before assuming any responsibilities.
5. While working with a PREPARES family I will offer a non-judgmental, nurturing friendship and will honor the family I am working with regarding their religious affiliations and culture.
6. Accept PREPARES right to dismiss any volunteer for poor performance, including poor attendance.
7. I agree to follow all PREPARES policies and procedures in regards to; not lending money, I will not co-sign any legal documentation, or provide lodging for the parent or child that I am working with. I will not discuss the family I am supporting with other agencies, my family or friends without consulting with the PREPARES Area Coordinator.

Transportation guidelines for volunteers:

1. Never transport child(ren) without using an approved car/booster seat.
2. Do not transport anyone other than the parent and his/her child(ren).
3. Never transport child(ren) alone (without) a parent.
4. Transportation should be limited to local trips only, i.e. not long distance.
5. Do not allow parent to drive your own personal vehicle.
6. Do not drive your “client into an area of town, or to pick them up, if it feels uncomfortable to you.
7. Please notify PREPARES staff if your driver’s license and/or insurance policy, or criminal record has changed since your initial application. A copy of your current license and insurance card will be required every two years.
8. Notify PREPARES immediately if an accident occurs while transporting, for your safety and protection as well as the agencies.

Guidelines for time spent alone with PREPARES families:

1. Do not baby sit. You should never be left alone with a child or children.
2. Do not leave your own children unsupervised with the parent you are working with.
3. Do not allow your own family members and/or friends to baby sit or care for your parents child(ren). This is for your own protection. While meeting with a PREPARES family, do not allow them to be alone with other members of your family or your friends.
4. Always use appropriate boundaries (i.e. appropriate touch, language, and parental modeling).
5. Meet in a neutral location for the first two months.

Mandatory items to report to PREPARES Area Coordinator:

1. CPS involvement or phone calls
2. Child abuse or neglect
3. Domestic Violence
4. Drug or Alcohol issues
5. Unsafe home environment
6. Any other concerns that you may have. We are here to support you in your journey with a PREPARES family.

Please contact PREPARES staff if you have any questions related to the above, or to situations which may arise and are not covered by the above guidelines.

I understand that my participation in the program is contingent on receiving notice of lack of conviction for any crime against persons as designated under Washington State law, and receiving favorable responses from three personal references.

I understand that the PREPARES program does not guarantee me a family to work with after completing the training course and submitting a formal application. If the PREPARES program does not choose to provide me with a family to mentor, I am free to withdraw my commitment to participate in the program.

I understand that lack of compliance with the above requirements may result in immediate termination from the PREPARES Program.

Volunteer

Date

PREPARES Area Coordinator

Date



CATHOLIC COMMUNITY SERVICES
OF WESTERN WASHINGTON

EMPLOYEE AND VOLUNTEER DISCLOSURE STATEMENT

To comply with the requirements of the Revised Code of Washington, we must ask you to complete the following disclosure statement.

<p>1. Have you ever been convicted of a crime against persons? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(See list of applicable convictions on back.)</p> <p>If yes, please describe and provide the date(s) of trial(s), conviction(s) and the sentence(s) imposed, if any.</p>
<p>2. Have you ever been convicted of a crime related to financial exploitation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(See list of applicable convictions on back.)</p> <p>If yes, please describe and provide the date(s) of trial(s), conviction(s) and the sentences(s) imposed, if any.</p>
<p>3. Have you ever been convicted of a crime relating to drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(See list of applicable convictions on back.)</p> <p>If yes, please describe and provide the date(s) of trial(s), conviction(s) and the sentences(s) imposed, if any.</p>
<p>4. Have you ever been found in a dependency action, domestic relations proceeding, or disciplinary board final decision to have sexually abused, assaulted or exploited any minor, or to have physically abused any minor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:</p>
<p>5. Have you ever been found in any disciplinary board final decision to have abused a vulnerable adult?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:</p>

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report of any record of your criminal convictions for offenses listed, civil adjudications of child abuse, and disciplinary board final decisions. If you are hired before that report is available, YOUR EMPLOYMENT/VOLUNTEER WORK WILL BE CONTINGENT UPON THE RECEIPT OF A SATISFACTORY REPORT.

If a report is requested from the State Patrol or from DSHS, we will mail you notice of the response and a copy of the report, within ten days after we receive that report.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am hired or selected for volunteer work, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired or selected for volunteer work, my employment/ volunteering is conditioned on receipt of a satisfactory report from the Washington State Patrol.

Signature

Date

Please print exact legal name

Maiden name or any name by which you have been known

DSHS SECRETARY'S LIST OF CRIMES AND NEGATIVE ACTIONS FOR USE BY ALL

Programs Administered by DSHS, including DSHS State Employees in Covered Positions W/ Access to Vulnerable People
[EXCEPT programs administered by ADSA Home & Community Services & ADSA Residential Care Services]

<p>Crimes: A person who has a crime listed below is denied unsupervised access to vulnerable adults, juveniles, and children.</p> <p>If "(5 or more years)" appears after a crime, the person is automatically denied unsupervised access unless 5 or more years has passed since the date of conviction.</p> <p>After 5 years, an overall assessment of the person's character, competence, and suitability to have unsupervised access will determine denial.</p> <p>Abandonment of a child Abandonment of a dependent person not against child (5 or more years) Abuse or neglect of a child Arson Assault 1 Assault 2 Assault 3 Domestic Violence Assault 3 not Domestic Violence (5 or more years) Assault 4/simple assault (5 or more years) Assault of a child Bail jumping Burglary (5 or more years) Child buying or selling Child molestation Coercion (5 or more years) Commercial sexual abuse of a minor/ Patronizing a juvenile prostitute Communication with a minor for immoral purposes Controlled substance homicide Criminal mistreatment Custodial assault (5 or more years) Custodial interference Custodial sexual misconduct (5 or more years) Dealing in depictions of minor engaged in sexual explicit conduct Domestic Violence (felonies only) Drive-by shooting Endangerment with a controlled substance Extortion 1 Extortion 2 (5 or more years) Forgery (5 or more years) Harassment (5 or more years) Harassment Domestic Violence Homicide by abuse Homicide by watercraft Identity theft (5 or more years) Incendiary devices (possess, manufacture, dispose) Incest Indecent exposure/Public indecency (Felony) Indecent liberties Kidnapping Leading organized crime (5 or more years) Luring Malicious explosion 1 Malicious explosion 2 Malicious explosion 3 (5 or more years) Malicious harassment Malicious mischief (5 or more years) Malicious mischief Domestic Violence Malicious placement of an explosive 1 Malicious placement of an explosive 2 (5 or more years) Malicious placement of an explosive 3 (5 or more years) Malicious placement of imitation device 1 (5 or more years) Manslaughter Murder/Aggravated murder Patronizing a prostitute (5 or more years) Possess depictions minor engaged in sexual conduct Possess explosive device (5 or more years) Promoting pornography (5 or more years) Promoting prostitution 1 (5 or more years) Promoting prostitution 2 (5 or more years) Promoting suicide attempt (5 or more years) Prostitution (5 or more years)</p>	<p>Rape Rape of child Reckless endangerment (5 or more years) Registered sex offender Residential burglary (5 or more years) Robbery Selling or distributing erotic material to a minor Sending or bringing into the state depictions of a minor Sexual exploitation of minors Sexual misconduct with a minor Sexually violating human remains Stalking (5 or more years) Theft (5 or more years) Unlawful imprisonment (5 or more years) Unlawful use of bldg for drug purposes (5 or more years) Use of machine gun in a felony Vehicular assault Vehicular homicide (negligent homicide) Violation of child abuse restraining order Violation of civil anti-harassment protection order Violation of protection/contact/restraining order Violation of the Imitation Controlled Substance Act (manufacture/deliver/intent - 5 or more years) Violation of Uniform Controlled Substance Act (manufacture/deliver/intent - 5 or more years) Violation of the Uniform Legend Drug Act (manufacture/deliver/intent - 5 or more years) Violation of the Uniform Precursor Drug Act (manufacture/deliver/intent - 5 or more years) Voyeurism</p> <p>Pending Crime - A person who has a pending crime on the Secretary's List is denied unsupervised access while awaiting a decision by a court, administrative entity, or governmental entity. Upon conviction or acquittal by the court, the Secretary's List is applied.</p> <p>Attempt RCW 9A.28.020; Conspiracy RCW 9A.28.030; and Solicitation RCW 9A.28.040 These crimes may appear with a listed crime, such as Burglary. When the crime of attempt, conspiracy, or solicitation appears in conjunction with a crime on this list, it is treated the same as the listed crime. Example: Unsupervised access is denied for Attempted Burglary for 5 years after the conviction.</p> <p>Sexual Motivation – RCW 9.94A.835 –A person who has a court finding of sexual motivation is denied unsupervised access to vulnerable adults, juveniles, or children.</p> <p>Bail Jumping – RCW 9A.76.170 - A person who has the crime of bail jumping is denied unsupervised access until a court decision is issued for the original crime that required bail. Upon conviction or acquittal by the court, the Secretary's List is applied.</p> <p>Negative Actions are considered under individual program law and rule and may lead to denial of unsupervised access to vulnerable adults, juveniles, or children.</p> <p>A negative action is an administrative or civil action taken against an individual and may include:</p> <ul style="list-style-type: none"> • A finding that an individual abused, neglected, exploited, or abandoned a vulnerable adult, juvenile or child issued by an agency, an Administrative Law Judge, or a court of law. A finding by an agency is not a negative action if the individual was not given the opportunity to request an administrative hearing to contest the finding • Termination, revocation, suspension, or denial of a license, certification, and/or State or Federal contract • Relinquishment of a license, certification, or contract in lieu of an agency negative action • Revocation, suspension, denial or restriction placed on a professional license
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WASHINGTON STATE PATROL

Identification and Criminal History Section
P.O. Box 42633, Olympia, WA 98504-2633

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

(A) REQUESTING AGENCY/ADDRESS

Catholic Community Services
Agency
PREPARES of Western Washington
Attn.
100 23rd Ave South
Address
Seattle, WA 98144
City/State/Zip

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

Kyleen Pfeffer Date: _____

Authorized Signature

(B) PURPOSE

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

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

**NO PERSONAL/CERTIFIED CHECKS
ACCEPTED.**

(C) APPLICANT OF INQUIRY

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

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

Social Security Number: _____ Driver's Lic. Number/State: _____ /

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.79.050

IDENTIFICATION DECLARING NO EVIDENCE

(D) WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

(THIS PORTION MAILED BY REQUESTING AGENCY)
As of this date, the applicant named below shows no evidence
Pursuant to RCW 43.43.830 through 43.43.84.

WSP Use Only

Catholic Community Services
Requesting Agency

Applicant's Signature

Applicants Name

Address

City/State/Zip

Valid Two Years From Issue