

**VOLUNTEER SERVICES
VOLUNTEER REGISTRATION FORM**

Name:			
Phone:	Home ()	Work ()	
Address:		City:	Zip:
Date of Birth:	(Optional) Age:	Gender:	Ethnicity:
Occupation/Employer:		Email:	

years WA resident _____ (if less than 3 yrs, State _____ # of years resident _____)

Please provide copy of your driver's license /government issued photo ID.

If you will be using your car **at any time** as a volunteer, it is necessary for our office to receive the following information:

- a. Valid driver's license?
 - Yes If yes, please list driver's license number: _____ State: _____
 - No
- b. Proof of auto insurance that meets Washington State minimum requirements (\$25,000 injury to another person / \$50,000 injury to all other persons / \$10,000 property damage).
 - Please provide a copy of insurance verification.**

Have you ever been convicted of a felony?

- Yes (An affirmative answer does not necessarily bar you from volunteer work.)
- No

Because our clients are designated by the State as a vulnerable population, all volunteers are required to authorize a records check by: the **Washington State Patrol** and the **National Sex Offender Public Website**. On the attached WSP form, please complete Section C and the Applicant Information portion of Section D (Signature required) and return it with your Volunteer Application. Your volunteering is conditional on receipt of satisfactory reports; you will be notified of all results.

I would like to help with the following tasks:

- | | | |
|--|--|---|
| <input type="checkbox"/> Issaquah Meals | <input type="checkbox"/> Laundry | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Housework | <input type="checkbox"/> Phone Buddy |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> *Protective | <input type="checkbox"/> Electronic Device Help |
| <input type="checkbox"/> *Personal Care | Supervision/Monitoring | <input type="checkbox"/> Auto Assistance |
| <input type="checkbox"/> Household Repairs | <input type="checkbox"/> Yard Care | <input type="checkbox"/> Emergency Prep |
| <input type="checkbox"/> Moving Assistance | <input type="checkbox"/> Cooking/Meal Prep | |
| <input type="checkbox"/> Pet Care | <input type="checkbox"/> Wood Provision | |

*Tasks which require special training or licensing.

I have special training I would be willing to use:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Mental Health Training | <input type="checkbox"/> Cosmetology |
| <input type="checkbox"/> Nursing Assistant | <input type="checkbox"/> Food Handler Permit | (Manicure, Pedicure, |
| <input type="checkbox"/> Home Health Aide | <input type="checkbox"/> Supervision/Monitoring | etc.) |
| <input type="checkbox"/> HIV/AIDS Training | <input type="checkbox"/> Mental Health training | |

(Please attach a copy of certification of special training or license.)

OVER

Last Name: _____

First Name: _____

I am available to volunteer:

How often?

- Weekly
- Twice a month
- Monthly

Times of day?

- Mornings
- Afternoons
- Evenings

Preferred assignment?

- Ongoing Client
- Short-Term Client(s)
- No Preference

Days/Times Available: _____

I am willing to volunteer in the following geographical area(s): _____

Are you willing to travel outside of the county? Yes No

If yes, please specify county/counties: _____

Are you fluent in another language? Yes No

If yes, please specify: _____

Do you have any physical limitations or allergies that should be taken into consideration?

- Yes No

If yes, please specify: _____

Emergency Contact Information

Name:	Relationship:	Phone: ()
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It is necessary for our office to have **three** reference on file (**Please do not list relatives or spouse/partners**).
Please fill out completely:

1	Name:	E-Mail:
Phone:	Home ()	Work ()
Address:	City:	Zip:

2	Name:	E-Mail:
Phone:	Home ()	Work ()
Address:	City:	Zip:

3	Name:	E-Mail:
Phone:	Home ()	Work ()
Address:	City:	Zip:

Are you responding to a specific volunteer ad? _____

Are you completing Community Service? If so, how many hours and when are they due by? _____

How did you hear about Volunteer Services? _____

Signature: _____ Date: _____

Please return completed forms to the Volunteer Services office at:
For Office Use Only:

WSP Requested:	Received In office:	Active:
Reference 1 Sent:	Orientation:	Inactive:
Reference 2 Sent:	Client:	Database: Region:



CATHOLIC COMMUNITY SERVICES

SERVING PEOPLE OF ALL BELIEFS VOLUNTEER DISCLOSURE STATEMENT

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

1. Have you ever been convicted of a crime against persons? Yes No
(See list of applicable convictions on back.)

If yes, please describe and provide the date(s) of trial(s), conviction(s), and the sentence(s) imposed, if any.

2. Have you ever been convicted of a crime related to financial exploitation? Yes No
(See list of applicable convictions on back.)

If yes, please describe and provide the date(s) of trial(s), conviction(s), and the sentences(s) imposed, if any.

3. Have you ever been convicted of a crime related to drugs? Yes No
(See list of applicable convictions on back.)

If yes, please describe and provide the date(s) of trial(s), conviction(s), and the sentences(s) imposed, if any.

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?
 Yes No If yes, please explain below:

5. Have you ever been found in any disciplinary board final decision to have abused a vulnerable adult?
 Yes No If yes, please explain below:

I understand that as a volunteer of CCS/CHS, the agency will complete a background check on me through the Washington State Patrol and the National Sex Offender Registry. I further understand that there may be additional background checks required depending on the program.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am selected for volunteer work, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am selected for volunteer work, my selection is conditioned on receipt of a satisfactory report from the background checks completed on me.

Signature

Date

Please print exact legal name

Maiden name or any name by which you have been known

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

(Instructions on Reverse Side)

(A) REQUESTING AGENCY/ADDRESS

Agency: Catholic Community Services

Attn: Volunteer Services

Address: 1918 Everett Ave

City/State/Zip: Everett, WA 98201

(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 *(Information marked with an asterisk (*) are required)*

*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)

WSP Use Only

As of this date, the applicant named below shows no evidence

Pursuant to RCW 43.43.830 through 43.43.84.

Catholic Community Services
Requesting Agency

*Applicant's Signature _____

Right Thumb Print (Optional)

*Applicants Name _____

*Address _____

*City/State/Zip _____

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 AL TSA HCS Providers; AL TSA RCS Providers; DDA Providers, including DSHS employees working in a SOLA; CA Providers; and
DSHS employees with access to sensitive information]

Crimes:

A person who has a crime listed below is denied unsupervised access to vulnerable adults, juveniles, and children.

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.

After 5 years, an overall assessment of the person's character, competence, and suitability to have unsupervised access will determine denial.

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)
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

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.

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.

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.

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.

Negative Actions are considered under individual program law and rule and may lead to denial of unsupervised access to vulnerable adults, juveniles, or children.

A **negative action** is an administrative or civil action taken against an individual and may include:

- 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
- Department of Health disciplining authority finding