

A CENTURY of
HOPE
 CATHOLIC COMMUNITY SERVICES
SERVING PEOPLE OF ALL BELIEFS
Nativity House/Family Housing Network
Volunteer Application

Date: _____

Name (last, first, middle): _____

Phone: (home) _____ (work) _____

Address: _____ Apt. # _____

City: _____ Zip Code: _____

Occupation: _____ E-Mail: _____

In case of emergency contact: _____ phone: _____

Are you volunteering as an individual? Yes No

Are you volunteering as part of an organization? Yes No

Are you volunteering to complete hours for community services? Yes No

If yes, how many hours _____

Are you volunteering to complete hours for community jobs through the Department of Social and Health Services? Yes No If yes, how many hours a week? _____

I am available to volunteer:

How often?

- Daily
- Weekly
- Twice a Month
- Monthly

Times of day?

- Mornings
- Afternoons
- Days/Times Available:

Preferred assignment?

- Ongoing
- Short-Term
- One-time-only/event
- No Preference

Education	High School	Voc. Tech	Undergraduate College	Graduate School
School Name and Location				
Years completed	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree Received				
Special Training				
Special Skills				

Are you fluent in another language? Yes No If yes, please specify: _____

How did you hear about volunteering with Catholic Community Services? _____
If you will be using your car at any time as a volunteer, it is necessary for our office to record the following information:

a. Valid driver's license? Yes No
If yes, please list driver's license number: _____ State: _____

b. I have at least the minimum auto insurance required by the State of Washington (\$25,000 liability per person, \$50,000 liability and \$10,000 property damage per occurrence.)
 Yes No If yes, please list insurance company name: _____

Have you ever been convicted of a felony? *Yes No
*An affirmative answer does not necessarily bar you from volunteering.
Please note any traffic violations or accidents within the last three years: _____

Do you have any physical limitations? Yes No
If yes, please specify: _____

Do you have any allergies? Yes No
If yes, please specify: _____

Personal & Professional References (please do not list relatives). Please fill out completely:

1. Name: _____
Phone: _____ (home) _____ (work)
Address: _____ Apartment # _____
City: _____ Zip Code: _____

2. Name: _____
Phone: _____ (home) _____ (work)
Address: _____ Apt. # _____
City: _____ Zip Code: _____

3. Name: _____
Phone: _____ (home) _____ (work)
Address: _____ Apartment # _____
City: _____ Zip Code: _____

I certify that the above is true and correct to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application. I understand that Catholic Community Services may end my volunteer relationship at any time for any reason.

Signed: _____ Date: _____

Please return completed form to the CCS Nativity House Volunteer Coordinator at:
Catholic Community Services, 1323 South Yakima, Tacoma, WA 98405

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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 (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 (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 related to drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No (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? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:</p>

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 Background Check Section
PO Box 42633
Olympia WA 98504-2633
(360) 534-2000
<http://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 BASED ON NAME AND DATE OF BIRTH. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$16.00 CHECK OR MONEY ORDER. YOU MAY ALSO 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 BY NAME AND DATE OF BIRTH FOR \$12.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$10.00 PER NOTARY SEAL _____ Notarized Letter(s)

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)

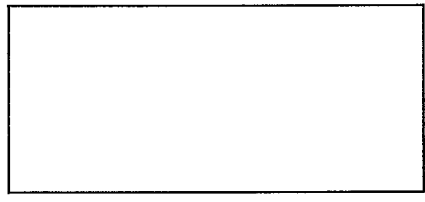
Applicant's Name: _____
Last First Middle
Alias/Maiden Name: _____
Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

B REQUESTOR INFORMATION: (Please type or print clearly)

DATE: ___/___/___ Megan Edwin, Volunteer Coordinator _____
Mo. Day Yr. (print) Name/Title of Requestor Requestor's Signature
Megano Edwin

Provide e-mail to receive background results electronically. Phone No. (253) 365-4111
meganed@ccswss.org _____
E-mail address Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)
Megan Edwin, Volunteer Coordinator
Name
702 S. 14th St.
Address
Tacoma WA 98405
City State ZIP Code

Subject's Right Thumb Print (Optional)




CCSWW Waiver of Liability Relating to Coronavirus/COVID-19

Updated May 1, 2021

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment or cure for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

Catholic Community Services of Western Washington cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while participating in Volunteer Activities (defined as _____). It is not possible to prevent against the presence of the disease. Therefore, if you choose to participate in Volunteer Activities you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19 **even if you have been vaccinated.**

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 in order to participate in Volunteer Activities for Catholic Community Services of Western Washington. I accept the risk of being exposed to, contracting, and/or spreading COVID-19 while participating in Volunteer Activities.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Catholic Community Services of Western Washington and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 while participating in Volunteer Activities. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Volunteer's Signature: _____ Date: _____

Name (printed): _____

I am the parent or legal guardian of the minor (16-18 years of age) named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature: _____ Date: _____

Name (printed): _____

Supervisor's Signature: _____ Date: _____

Name (printed): _____



CATHOLIC COMMUNITY SERVICES
CATHOLIC HOUSING SERVICES
 OF WESTERN WASHINGTON

IMAGE & INFORMATION CONSENT FORM
 For Staff, volunteers and clients

I, _____
(Please print full legal name)

hereby give my consent to **Catholic Community Services of Western Washington, (CCSWW) and Catholic Housing Services (CHS) and their regional offices throughout Western Washington, to**

- Have photographs, videotaped images (including audio), or other images and/or likenesses made of me and/or my child(ren).
- Use any stories and/or information about me and/or my child(ren) that I have provided to them

I understand and agree that these images and stories/information may be used by the news media or by Catholic Community Services and/or Catholic Housing Services. I fully authorize the use of these images and stories/information of me and/or my children in any and all publications including, but not limited to, news stories, promotional materials, videos, the CCS/CHS website, CCS/CHS social media site(s) and/or for any other agency purpose.

I hereby authorize CCS/CHS to edit, copy, exhibit, publish or distribute images and stories/information for CCS/CHS promotional purposes. Additionally, I waive any right to royalties or other compensation arising from or related to the use images and stories/information.

- I authorize CCS/CHS to use any stories, information and images of me and/or my child(ren) for any CCS/CHS program, website, videos, social media site(s), and/or for any other agency purpose. (preferred)
- I authorize CCS/CHS to use stories, information and images of me and/or my child(ren) for the following program(s)

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

I am 18 years of age or older and am competent to contract in my own name. I have read this release, have had an opportunity to ask questions, and I fully understand the contents, meaning, and impact of this release.

Signed: _____
(Full signature of subject or children's parent) (Date) (Phone Number)

Witness: _____
(Full signature) (Date)

CCS/CHS Program: _____
Please Print Program Name

CCS/CHS employee or photographer: _____
(Full signature) (Date)

Full Names of Children (if applicable):

_____ <small>(Please print name) (Date)</small>	_____ <small>(Please print name) (Date)</small>
_____ <small>(Please print name) (Date)</small>	_____ <small>(Please print name) (Date)</small>

A copy of the photo(s) referenced above must be attached to a copy of this consent form and sent to Fund Development at 100 – 23rd Avenue South, Seattle, WA 98144-2302 or e-mailed to development@ccsww.org.