



**DIRECT SERVICE VOLUNTEER APPLICATION  
PARISH COORDINATOR, COMPANION, GROUP LEADER/FACILITATOR**

Name: \_\_\_\_\_ Parish: \_\_\_\_\_

Address: \_\_\_\_\_ No. of Years lived in WA: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Have you been trained in Protecting God's Children (Safe Environment)? If yes, please attach your certificate of completion. If not, you must complete this class within 90 days of your approval to be a PREPARES companion.

Previous and current volunteer work: \_\_\_\_\_  
\_\_\_\_\_

Work experience: \_\_\_\_\_  
\_\_\_\_\_

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 experience(s) with children: \_\_\_\_\_

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

Child Abuse/Neglect       Drug/Alcohol Issues       Mental Health Issues       Domestic Violence

If yes, describe briefly \_\_\_\_\_

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

\_\_\_\_\_

Who should we contact in case of an emergency? \_\_\_\_\_

Relationship: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**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 #: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR PHOTO ID (Driver's License) REQUIRED FOR BACKGROUND CLEARANCE.**

I understand that by submitting this application, I authorize inquiries to be made concerning my suitability as a 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.

- ✓ I acknowledge that I have submitted a CCS Employee and Volunteer Disclosure Statement.
- ✓ I acknowledge that I have submitted a Washington State Patrol Request for Criminal Information.
- ✓ I acknowledge that I have received and signed a copy of the CCS Confidentiality Policy.
- ✓ I acknowledge that I have received and signed a copy of the CCS Sexual Abuse Prevention Policy.
- ✓ I acknowledge that I will not transport any member of the family that I am working with in my personal vehicle unless I receive approval from PREPARES.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**DIRECT SERVICE VOLUNTEER AGREEMENT  
PARISH COORDINATOR, COMPANION, GROUP LEADER/FACILITATOR**

Name: \_\_\_\_\_ Parish: \_\_\_\_\_

**PREPARES (Pregnancy & Parenting Support) agrees:**

1. To provide meaningful assignments which utilize and develop skills.
2. To give the volunteer an opportunity to meet as needed with their PREPARES 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. Participate in continuing education when provided by PREPARES.
2. Exercise caution when acting on PREPARES behalf in any situation, and to contact the PREPARES 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 Parish Coordinator and/or PREPARES Area Coordinator in any situation when I am not clear what my role is.
4. Consult with a PREPARES Parish Coordinator and/or PREPARES Area Coordinator before assuming any responsibilities.
5. Offer a non-judgmental, nurturing friendship to the family I am working with and honor them regarding their religious affiliations and culture.
6. Accept PREPARES right to dismiss any volunteer for poor performance, including poor attendance.
7. Follow all PREPARES policies and procedures in regards to: not lending money, not co-signing any legal documentation, not providing lodging for the parent or child that I am working with and not discussing the family I am supporting with other agencies, my family or friends without consulting my PREPARES Parish Coordinator and/or PREPARES Area Coordinator

**Guidelines for time spent alone with PREPARES families:**

1. Do not babysit. 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.

Please submit by mail to the address below or fax to 206.328.5975

PREPARES of Western Washington | Catholic Community Services | 100 23rd Ave S | Seattle, WA 98144

For questions or more information, please contact [prepares@ccsww.org](mailto:prepares@ccsww.org) – 206.737.9264

Form No: 002-Direct Volunteer Agreement (Aug 2018)





## Confidentiality Policy

Confidentiality is a client right. Only a client can waive their right to confidentiality. All information including the fact that an individual or family has received services from Catholic Community Services (CCS) as well as information and records related to those services are confidential. Volunteers are bound to protect that information from unauthorized disclosure.

### Definitions:

"Confidential Information" is information about a client's personal situation, medical or mental health condition that has enough information so someone could figure out who the client is. For example, these are things that could allow someone to identify a client:

- Name, birthdate, telephone numbers
- Social security number
- Address information: street address, city, county, zip code

### Why Volunteers?

- Because in volunteering for Catholic Community Services, you will have information about and may hear confidential information relating to health, financial status, or age.
- Because you play an important part in clients' lives and have access to confidential information about their children and families.
- All client information will be treated confidentially in accordance with State and Federal laws and guidelines of professional ethics. There are penalties for organizations that do not follow the law. This means that CCS and YOU, as a part of the organization, must act under these guidelines.

### How Volunteers can protect client's privacy & rights:

- Do not share client information with anyone unless approved by your volunteer supervisor.
- Do not leave client information in the open where others can see it.
- If you are ever asked to disclose information about a client, check with your volunteer supervisor. This includes not sharing information with other residents and neighbors.

### Summary:

Caring for people is what we do. As we care for our clients, we may have access to private information about them. All CCS staff and volunteers must protect the confidential information of our clients. Please respect the confidential nature of any verbal or written information you may receive regarding the individual(s) you assist.

I acknowledge receipt of the notice of **CCS Confidentiality Policy**:

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCS/CHS Employee Signature

\_\_\_\_\_  
Date



CATHOLIC COMMUNITY SERVICES  
OF WESTERN WASHINGTON

**Sexual Abuse Prevention:  
What CCS/CHS Volunteers Should Know When  
Serving Youth and/or Vulnerable Adults**  
(Supervised and Potentially Unsupervised Settings)

**Thank you for volunteering for Catholic Community Services!** Your work is very important to the youth and vulnerable adults we serve, to CCS/CHS, and to the entire community. Please take a moment before you begin your service and read this page regarding sexual abuse. With a few simple guidelines you'll learn how to recognize and report this problem. Because a one-page summary can't cover every1hing, please use your common sense: it is the best resource you have!

**Catholic Community Services Has a Zero Tolerance Policy of Sexual Abuse.** Sexual abuse is defined as any sexualized activity(s) with a minor or vulnerable person for the sexual gratification of the abuser. Of course it includes intercourse or any kind of sexual touch, but it can also mean looking at pornography with a youth or vulnerable adult, voyeurism, and sexualized conversation.

**These activities are never allowed in any service context at CCS/CHS.**

**Boundaries are important.** Did you know that most sexual abuse does not come from vicious predators, but from "wanderers"? These are people who do not understand boundaries. This is why having good rules and clear guidelines are so important:

- ✓ Most volunteer work with youth and vulnerable adults is in a supervised setting. If your volunteer work requires you to spend unsupervised time with a youth or vulnerable adult be sure that the setting is appropriate and others are nearby.
- ✓ Report questions or problems immediately. When in doubt ASK! If a young person or vulnerable adult confides something to you that concerns you, it cannot be confidential. Share it with your volunteer supervisor and ask for advice.
- ✓ Avoid dual relationships. For example, don't develop a special friendship, meet outside of work, or exchange personal gifts with someone you have served.
- ✓ Keep your own good limits, even if the person you are serving has poor ones (If someone tells you a dirty joke, you don't have to tell one in reply).
- ✓ Be on the lookout for situations that make you uncomfortable: your inner warning signals are the best way to identify risky situations or problem areas.

**What to do if you have questions about a concern or suspicion of abuse?** All CCS/CHS staff are trained in handling questions about problem behavior or suspected abuse. If during your service you see something that concerns you, or a problem is informally reported to you, TELL YOUR VOLUNTEER SUPERVISOR IMMEDIATELY. That person is Erin Maguire, and their phone number is 206-327-2474.

Please let us know that you have read and understood this policy and these guidelines by signing

\_\_\_\_\_ on \_\_\_\_\_.  
(sign here) (date)



**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  
\_\_\_\_\_  
Please print exact legal name

\_\_\_\_\_  
Date  
\_\_\_\_\_  
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><b>Crimes:</b><br/>                 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<br/>                 Abandonment of a dependent person not against child (5 or more years)<br/>                 Abuse or neglect of a child<br/>                 Arson<br/>                 Assault 1<br/>                 Assault 2<br/>                 Assault 3 Domestic Violence<br/>                 Assault 3 not Domestic Violence (5 or more years)<br/>                 Assault 4/simple assault (5 or more years)<br/>                 Assault of a child<br/>                 Bail jumping<br/>                 Burglary (5 or more years)<br/>                 Child buying or selling<br/>                 Child molestation<br/>                 Coercion (5 or more years)<br/>                 Commercial sexual abuse of a minor/ Patronizing a juvenile prostitute<br/>                 Communication with a minor for immoral purposes<br/>                 Controlled substance homicide<br/>                 Criminal mistreatment<br/>                 Custodial assault (5 or more years)<br/>                 Custodial interference<br/>                 Custodial sexual misconduct (5 or more years)<br/>                 Dealing in depictions of minor engaged in sexual explicit conduct<br/>                 Domestic Violence (felonies only)<br/>                 Drive-by shooting<br/>                 Endangerment with a controlled substance<br/>                 Extortion 1<br/>                 Extortion 2 (5 or more years)<br/>                 Forgery (5 or more years)<br/>                 Harassment (5 or more years)<br/>                 Harassment Domestic Violence<br/>                 Homicide by abuse<br/>                 Homicide by watercraft<br/>                 Identity theft (5 or more years)<br/>                 Incendiary devices (possess, manufacture, dispose)<br/>                 Incest<br/>                 Indecent exposure/Public indecency (Felony)<br/>                 Indecent liberties<br/>                 Kidnapping<br/>                 Leading organized crime (5 or more years)<br/>                 Luring<br/>                 Malicious explosion 1<br/>                 Malicious explosion 2<br/>                 Malicious explosion 3 (5 or more years)<br/>                 Malicious harassment<br/>                 Malicious mischief (5 or more years)<br/>                 Malicious mischief Domestic Violence<br/>                 Malicious placement of an explosive 1<br/>                 Malicious placement of an explosive 2 (5 or more years)<br/>                 Malicious placement of an explosive 3 (5 or more years)<br/>                 Malicious placement of imitation device 1 (5 or more years)<br/>                 Manslaughter<br/>                 Murder/Aggravated murder<br/>                 Patronizing a prostitute (5 or more years)<br/>                 Possess depictions minor engaged in sexual conduct<br/>                 Possess explosive device (5 or more years)<br/>                 Promoting pornography (5 or more years)<br/>                 Promoting prostitution 1 (5 or more years)<br/>                 Promoting prostitution 2 (5 or more years)<br/>                 Promoting suicide attempt (5 or more years)<br/>                 Prostitution (5 or more years)</p> | <p>Rape<br/>                 Rape of child<br/>                 Reckless endangerment (5 or more years)<br/>                 Registered sex offender<br/>                 Residential burglary (5 or more years)<br/>                 Robbery<br/>                 Selling or distributing erotic material to a minor<br/>                 Sending or bringing into the state depictions of a minor<br/>                 Sexual exploitation of minors<br/>                 Sexual misconduct with a minor<br/>                 Sexually violating human remains<br/>                 Stalking (5 or more years)<br/>                 Theft (5 or more years)<br/>                 Unlawful imprisonment (5 or more years)<br/>                 Unlawful use of bldg for drug purposes (5 or more years)<br/>                 Use of machine gun in a felony<br/>                 Vehicular assault<br/>                 Vehicular homicide (negligent homicide)<br/>                 Violation of child abuse restraining order<br/>                 Violation of civil anti-harassment protection order<br/>                 Violation of protection/contact/restraining order<br/>                 Violation of the Imitation Controlled Substance Act (manufacture/deliver/intent - 5 or more years)<br/>                 Violation of Uniform Controlled Substance Act (manufacture/deliver/intent - 5 or more years)<br/>                 Violation of the Uniform Legend Drug Act (manufacture/deliver/intent - 5 or more years)<br/>                 Violation of the Uniform Precursor Drug Act (manufacture/deliver/intent - 5 or more years)<br/>                 Voyeurism</p> <p><b>Pending Crime</b> - 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><b>Attempt</b> RCW 9A.28.020;<br/> <b>Conspiracy</b> RCW 9A.28.030; and<br/> <b>Solicitation</b> RCW 9A.28.040<br/>                 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.<br/> <b>Example:</b> Unsupervised access is denied for Attempted Burglary for 5 years after the conviction.</p> <p><b>Sexual Motivation</b> – 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><b>Bail Jumping</b> – 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><b>Negative Actions</b> 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 <b>negative action</b> is an administrative or civil action taken against an individual and may include:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Termination, revocation, suspension, or denial of a license, certification, and/or State or Federal contract</li> <li>• Relinquishment of a license, certification, or contract in lieu of an agency negative action</li> <li>• Revocation, suspension, denial or restriction placed on a professional license</li> </ul> |
|--|---|



# 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 23<sup>rd</sup> Ave South  
Address  
Seattle, WA 98144  
City/State/Zip

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

\_\_\_\_\_ 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