



Volunteer Enrollment Form

Name:	Date:
Address:	Phone:
City, State, Zip:	Email:
Date of Birth:	(You must be at least 55 years old to be RSVP) Male: 🗖 Female: 🖵
PERSON TO NOTIFY IN EMERGE	ENCY: Name:
Relationship:	Phone:
TRANSPORTATION:	
Will you drive to and from your volu	ınteer activities? Yes □ No □
Do you have a valid Washington S	tate Driver's License? Yes ☐ No ☐
Driver's License Number:	Exp Date:
Ве	neficiary(s) for RSVP Accident Insurance
Name:	Relationship:
Address:	-
compensation, damages or otherw encompasses any and all time.	for illustration, advertising or publicity purposes. I waive any claim for ise in connection with such use. I understand that this permission P supplemental insurance (no charge) while volunteering at your current bmit hours for that assignment.
enrollment form, I agree and autl and a National Sex Offender Pub	ial and is not distributed to outside sources. By signing this horize a Washington State Patrol Identification and Background Check lic website search at nsopw.gov. This search will be conducted if the hese results can be reviewed by enrollee at any time.
I affirm that the information I hav	re provided is accurate to the best of my knowledge.
(Signature of Volunteer)	(Signature of RSVP Staff)
(Date)	(Date)

What type of volunteer work are you interested in?				
Volunteer job location preferred:				
Describe your past occupation or volunteer experience	ce:			
Please list site(s) where you volunteer:				
Any physical/medical limitations?				
How did you hear about RSVP?				
Special Note: We frequently get calls from various a	agencies looking for volunteers for special events.			
These are considered to be short-term assignments and can last anywhere from one day to one month.				
When we receive these calls, we turn to you, the RS\				
May we call you to see if you are interested in working at any of these special events? Saying yes in no				
way obligates you to work at any special event. Yes □ No □ Do you have a Military Identification Card: Yes □ No □				
bo you have a minitary identification card. Tes a N				
DEMOGRAPHIC INFORMATION: (Optional: We are required by our granting organizations to ask for this				
information, but you are not required to answer it. This information is used to report numbers only, and will				
not be used in any other fashion.)				
Tribal Member: Yes ☐ No ☐ Veteran: `	Yes □ No □ Disabled: Yes □ No □			
Ethnicity: Hispanic, Latino, or Spanish Origin	☐ Not Hispanic, Latino or Spanish Origin			
Race: American Indian or Alaska Native	☐ Asian			
☐ African American	☐ Caucasian			
☐ Pacific Islander	☐ Other Multiracial			
Country of Origin:	Language:			

When this application is returned, our Volunteer Coordinator, Rena Marken will contact you and get the information needed to process the background check through HireRight. Please send your completed application to:

Attn: RSVP, Faye Calahan-Williams Lutheran Community Services Northwest 3848 S Junett St Tacoma, WA 98409

Email: RSVPpiercecounty@LCSNW.org or RSVPkitsapcounty@LCSNW.org



Background Check Authorization

NORTHWEST Progra	NORTHWEST Program Requesting: Date:_			
Section 1. Required: Applicant Informat	ion All sections completed by the applicant.	The requesting entity will su	ıbmit the	
applicant's information.				
REQUIRED: LEGAL NAME AS IT IS LISTED FIRST	ON YOUR DRIVER'S LICENSE OR GOVERNM MIDDLE	ENT ISSUED PHOTO IDENTIFIC LAST	CATION (ID)	
2. REQUIRED: OTHER ALIAS FIRST, MIDDLE FIRST	, AND LAST NAMES YOU HAVE USED MIDDLE	LAST		
3. REQUIRED: DATE OF BIRTH (MM/DD/YYYY)	4. REQUIRED : PHONE NUMBER (INCLUDE AREA CODE)			
5. EMAIL ADDRESS				
6. REQUIRED: SOCIAL SECURITY NUMBER	7A. REQUIRED: VALID DRIVER'S LICENSE OR STATE ID (WRITE NONE IF NONE)	7B. REQUIRED: ISSUING STA	ATE	
8. REQUIRED: HAVE YOU LIVED IN ANY STATE OR COUNTRY OTHER THAN WASHINGTON STATE WITHIN THE LAST THREE YEARS (36 MONTHS)? Yes No				
9. REQUIRED: <u>MAILING</u> ADDRESS WHERE W STREET	VE CAN SEND YOU CONFIDENTIAL INFORMAT APT. NO. CITY		P CODE	
10. REQUIRED: PHYSICAL ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF ADDRESS IS THE SAME AS YOUR MAILING ADDRESS) STREET APT. NO. CITY STATE ZIP CODE				
Section 2. Required: Self-Disclosure Qu must answer Questions 11A through 14. At				
11A. Have you been convicted of any crime	? If yes, complete Page 2, Section 3	[☐ Yes ☐ No	
11B. Do you have charges (pending) agains	st you for any crime? If yes, complete Page	2, Section 4[☐ Yes ☐ No	
12. Has a court or state agency ever issue sexually abused, physically abused, no	d you an order or other final notification stat eglected, abandoned, or exploited a child, ju		☐ Yes ☐ No	
13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable				
adults?				
14. Has a court ever entered any of the following orders against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile, or child? . ☐ Yes ☐ No				
 Permanent vulnerable adult protection order / restraining order, either active or expired. Sexual assault protection order. 				
Permanent civil anti-harassment pr	otection order, either active or expired.			
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. I understand and agree my signature in the box below means:				
I give LCSNW permission to check my background with any governmental entity and law enforcement agency.				
 My background check result may include prior self-disclosure information and fingerprint results that are contained in the Background Check System and that this information will be reported as allowed by federal or state law. 				
15. REQUIRED: SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.) :	
		TODAY'S DAT	E (MM/DD/YYYY)	



DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT AND VOLUNTEER PURPOSES

DISCLOSURE

Lutheran Community Services Northwest may request a background report containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for LCSNW. HireRight is located and can be contacted 3349 Michelson Drive, Suite 150, Irvine, CA 92612 (800) 400-2761. www.hireright.com

The background report may contain information regarding your general history and may include, but is not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; and address and alias history.

AUTHORIZATION

I hereby authorize LCSNW to obtain the backgrou	nd report described above about me.
Applicant's Name:	
Applicant's Signature:	Date: