



**AmeriCorps
Seniors**

**Pierce & Kitsap County
Volunteer Enrollment Form**



LUTHERAN
**Community
Services**
NORTHWEST

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 EMERGENCY: Name: _____

Relationship: _____ Phone: _____

TRANSPORTATION:

Will you drive to and from your volunteer activities? Yes No

Do you have a valid Washington State Driver's License? Yes No

Driver's License Number: _____ Exp Date: _____

Beneficiary(s) for RSVP Accident Insurance

Name: _____ Relationship: _____

Address: _____

I hereby volunteer my services through the Pierce County RSVP. If I use my car in volunteer service, I will keep in effect the minimum Liability Insurance. I hereby authorize and give full consent to Lutheran Community Services Northwest, and those acting under their permission, the right to use my photograph and/or video or audio recordings of me for illustration, advertising or publicity purposes. I waive any claim for compensation, damages or otherwise in connection with such use. I understand that this permission encompasses any and all time.

In order to be covered by the RSVP supplemental insurance (no charge) while volunteering at your current volunteer assignment, you must submit hours for that assignment.

All information is kept confidential and is not distributed to outside sources. By signing this enrollment form, I agree and authorize a Washington State Patrol Identification and Background Check and a National Sex Offender Public website search at nsopw.gov. This search will be conducted if the volunteer position is episodic. These results can be reviewed by enrollee at any time.

I affirm that the information I have 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: _____

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 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 RSVP Volunteer, to fill the need.

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

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, Nancy McFarland
Lutheran Community Services Northwest
3848 S Junett St Tacoma, WA 98409**

Email: nmcfarland@lcsnw.org



Background Check Authorization

Program Requesting: _____ Date: _____

Section 1. Required: Applicant Information All sections completed by the applicant. The requesting entity will submit the applicant's information.

1. REQUIRED: LEGAL NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO IDENTIFICATION (ID)		
FIRST	MIDDLE	LAST
2. REQUIRED: OTHER ALIAS FIRST, MIDDLE, AND LAST NAMES YOU HAVE USED		
FIRST	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 STATE
8. REQUIRED: HAVE YOU LIVED IN ANY STATE OR COUNTRY OTHER THAN WASHINGTON STATE WITHIN THE LAST THREE YEARS (36 MONTHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. REQUIRED: MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION		
STREET	APT. NO. CITY	STATE ZIP 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 Questions for ALL convictions and pending charges from any state or jurisdiction. You must answer Questions 11A through 14. Attach Page 2 if you have crimes or pending charges. **SEE INSTRUCTIONS.**

11A. Have you been convicted of any crime? If yes, complete Page 2, Section 3. Yes No

11B. Do you have charges (pending) against you for any crime? If yes, complete Page 2, Section 4. Yes No

12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? .. 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? Yes No

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 protection 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 DSHS 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 DSHS Background Check System and that this information will be reported as allowed by federal or state law.
- If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result.
- DSHS will give my background check result to the persons or entities requesting my background check and those persons or entities may release my background check results to other persons or entities when the law authorizes or requires DSHS to do so. Fingerprint rap sheets are provided if allowed by federal or state law.

15. REQUIRED: SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.	16. REQUIRED: TODAY'S DATE (MM/DD/YYYY)
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Background Check Authorization

List of Crimes and Pending Charges

This page **MUST** be attached to Page One of the Background Check Authorization form if 11A or 11B are marked "Yes."

Important information about answering self-disclosure questions: Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. It is recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.

REQUIRED: PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO ID			
FIRST:	MIDDLE:	LAST:	
REQUIRED: DATE OF BIRTH (MM/DD/YYYY)			
Section 3. Question 11A. If you check YES , you must enter the crime name, degree (if any), state, conviction date, and crime information.			
1. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
3. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
Section 4. Question 11B. If you check YES , you must enter the PENDING charge name, degree (if any), state, and crime information.			
1. CRIME NAME	DEGREE (IF ANY)	STATE	
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			

Instructions for Completing the Background Check Authorization form, DSHS 09-653



DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Disclosure

Lutheran Community Services Northwest (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") 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 the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____

Date _____