



For office use only \_\_\_\_\_

# PIERCE COUNTY RSVP VOLUNTEER ENROLLMENT

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)

**PLEASE TURN OVER AND COMPLETE OTHER SIDE**

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

***Please return your completed volunteer application and Washington State Patrol Identification and Background Check Form (Section A only) to:***

**Attn: RSVP, Nancy McFarland  
Lutheran Community Services NW  
223 N. Yakima Avenue  
Tacoma, WA 98403**

**Email: [RSVPpiercecounty@lcsnw.org](mailto:RSVPpiercecounty@lcsnw.org)**

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_  
Mo. Day Yr. (print) Name/Title of Requestor Requestor's Signature

Provide e-mail to receive background results electronically.     Phone No. (   ) \_\_\_\_\_

\_\_\_\_\_     \_\_\_\_\_  
E-mail address Password (must be at least 8 characters)

**REQUESTOR'S ADDRESS: (type or print clearly)**

Subject's Right Thumb Print (Optional)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_  
City State ZIP Code