Pierce & Kitsap Counties
Retired and Senior Volunteer Program (RSVP)
Volunteer Enrollment Form

Please print and complete all sections. **Today's Date:** _____

Name: _____ **Birth Date:** _____

Mailing Address: _____**City** _____ **State**_____

Zip_____ **Phone** _____ **Cell Phone** _____ **Email** _____

Are you a Veteran? YES _____ **NO** _____

As an AmeriCorps Seniors volunteer in RSVP, you will be covered by supplemental accident, personal liability, and excess automobile insurance plus a small death benefit while performing volunteer duties. This coverage is in addition to, but not as a substitute for, your personal liability insurance and is automatic and free of cost to you while you are an active volunteer enrolled with AmeriCorps Seniors RSVP.

DRIVER'S LICENSE NUMBER ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ **STATE ISSUED** _____ **EXP DATE** _____

EMERGENCY CONTACT: Name _____ **Phone** _____

BENEFICIARY FOR AMERICORPS SENIORS RSVP SUPPLEMENTAL ACCIDENT INSURANCE:

Name _____ **Address** _____

Relationship _____**Email**_____**Phone**_____

Please indicate if AmeriCorps Seniors RSVP may have permission to use your likeness to promote and celebrate RSVP activities within Pierce and Kitsap Counties.

[ ] I hereby grant Pierce and Kitsap Counties RSVP and Lutheran Community Services NW to use my likeness in photograph(s)/video(s) and I will make no monetary or other claim against AmeriCorps Seniors RSVP of Pierce and Kitsap Counties for the use of these photograph(s)/video(s)

[ ] I do not give permission to use my likeness in photograph(s)/video(s) to Pierce & Kitsap Counties RSVP or LCSNW.

So that we can better place you, please answer the following questions:

What type of volunteer work are you interested in? _____

Volunteer job location preferred: _____

Do you have any physical/medical limitations we should be aware of? _____

Please list site(s) where you currently volunteer: _____

CONTINUE ON SECOND PAGE

Describe your past occupation or volunteer experience:

_____

_____

How did you hear about RSVP? _____

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 ❑ Disabled: Yes ❑ No ❑

Ethnicity: ❑ Hispanic, Latino, Spanish Origin ❑ Not Hispanic,

Race: ❑ American Indian or Alaska Native ❑ Asian ❑ African American ❑ Caucasian
❑ Pacific Islander ❑ Other Multiracial

Country of Origin: _____Language Spoken at Home: _____

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE FOLLOWING STATEMENTS:

- ✓ I hereby state that I am 55 years of age or older and offer my services as a volunteer for the Pierce & Kitsap Counties Retired Senior Volunteer Program. I understand that I am not an employee of the AmeriCorps Seniors RSVP Project, the sponsor, Pierce or Kitsap Counties, the volunteer station or the Federal Government and I agree to serve without compensation.
- ✓ I understand that in my capacity as an AmeriCorps Seniors Volunteer in RSVP, I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my volunteer service has ended.
- ✓ I understand that if I use my personal vehicle in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of Washington. I will also keep in effect a valid Washington State Driver's License.

I affirm that the information I have provided is accurate to the best of my knowledge.

Volunteer Signature: _____ **RSVP Staff Signature:** _____

Date:_____ **Date:**_____

THANK YOU SO MUCH FOR TAKING THE TIME TO FILL OUT THIS ENROLLMENT FORM AND ACCOMPANYING BACKGROUND FORMS (IF PROVIDED). WE LOOK FORWARD TO HAVING YOU BE PART OF OUR RSVP TEAM!! 😊

Please send your completed application to along with background check forms to:

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

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

Equal Employment Agency –LCSNW's Pierce & Kitsap Counties RSVP is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age, or disability. AmeriCorps RSVP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodation to complete the application process, please contact Pierce & Kitsap Counties RSVP at 253.722.5695.

LUTHERAN Community Services NORTHWEST

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)?
   ☐ Yes ☐ 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)

LUTHERAN Community Services NORTHWEST

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: ☐ Attempted ☐ Conspiracy ☐ Domestic Violence ☐ Solicitation ☐ With Sexual Motivation ☐ 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: ☐ Attempted ☐ Conspiracy ☐ Domestic Violence ☐ Solicitation ☐ With Sexual Motivation ☐ 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: ☐ Attempted ☐ Conspiracy ☐ Domestic Violence ☐ Solicitation ☐ With Sexual Motivation ☐ 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: ☐ Attempted ☐ Conspiracy ☐ Domestic Violence ☐ Solicitation ☐ With Sexual Motivation ☐ 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: ☐ Attempted ☐ Conspiracy ☐ Domestic Violence ☐ Solicitation ☐ With Sexual Motivation ☐ 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

LUTHERAN Community Services NORTHWEST

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 _____