



## VOLUNTEER APPLICATION FORM

The information on this application is requested to match your skills, aptitudes, and interests in placing you with a young friend. Information may be shared with the parent/guardian of the child. The rigorous screening within this application is for the safety and trust of children placed within our program.

Name (First, Middle, Last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Current Employer & Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed Since: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone #: \_\_\_\_\_

School/College Attended	Course of Study	Degree Received/ Graduation Date

Why did you choose your course of study and/or career?

\_\_\_\_\_  
\_\_\_\_\_

When are you available to participate in support sessions, trainings, and/or program events?

**Days** M Tu W Th F S Su **Hours:** \_\_\_\_\_ **Other:** \_\_\_\_\_

Length of service you anticipate: \_\_\_\_\_

How did you find out about *friends*? \_\_\_\_\_

Have you ever had any traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested or charged for a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If you responded yes to the above questions please provide a brief explanation:

Infraction/Crime	Date	Location

In addition to any arrests and/or convictions, please identify any of the following that may pertain to you:

- 1) found any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor;
- 2) found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor;
- 3) found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult; or
- 4) found by a court in a protection proceeding to have abused or financially exploited a vulnerable adult;
- 5) have any condition that may affect or interfere with your duties as an adult *friend*;
- 6) ever been treated for a mental illness.

If Yes, please indicate which numbers \_\_\_\_\_

Have you had trouble with drugs and/or alcohol in the last 5 years? If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list **FOUR** references. Please indicate at least one personal friend and one work reference. (Do not use your spouse or any relatives as a reference) **References do not have to be local.**

Name	Home/Work Phone	Email Address	Relationship

Why are you interested in being a volunteer with *friends*?

---



---



---

Describe a relationship or experience (work or volunteer) you have had with youth in recent years.

---



---



---

Clubs or organizations you are presently a member of: \_\_\_\_\_

---

Vehicle Insurance Company Information			
Insurance Company Name			
Address			
Agent Name		Phone	
Policy Number			

In completing this application to be a volunteer, I understand that I am not an agent or employee of *friends*, and I further understand that this form is not an application for employment, and that *friends* provides no auto insurance coverage for volunteers, and does not agree to indemnify the said volunteer

for any legal liability arising out of transporting any person while on a volunteer assignment. I will apprise *friends* as changes occur in my insurer's name or insurance coverage.

**Volunteer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

In completing this application to be a volunteer, I understand that *friends* routinely conducts Washington State Division of Children and Family Services screen and national criminal checks, driving record checks, and domestic violence and dependency actions reviews. If I have not resided in Washington State for at least 3 years, a record check in my previous state(s) of residency will be conducted.

I certify to the best of my ability that the information provided on this application is true and accurate and that I am agreeing to a minimum commitment of one hour per week for one year. I also understand that misinformation knowingly provided herein and on subsequent volunteer information forms, or information deliberately withheld, is grounds for dismissal.

By signature, I also give my permission to contact references listed above or to pursue information from any sources listed.

**Volunteer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## Media Release Form

I give my consent to the use of my name, references to my place of employment, photographs, videotapes, DVD, film and recordings of me for use by *friends* in connection with promoting, marketing, and recruiting for the *friends* program.

In giving this consent, I release *friends*, its officers, directors, agents, employees, and assigns from any liability for any violation of any personal property rights which I might have in connection with such materials and waive any right to approve accompanying written or narrative material.

Confirmed and agreed to: \_\_\_\_\_ (signature)

\_\_\_\_\_ (printed name)

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

**REQUESTING AGENCY:** Friends of Children of Walla Walla

**Washington State  
Division of Children and Family Services Screen**

I, \_\_\_\_\_ authorize a full and complete review and screening of any and all referrals made to the Washington State Division of Children and Family Services (DCFS) regarding any alleged history of child abuse and/or neglect. My signature authorizes *friends* to conduct such checks.

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Volunteer's Address \_\_\_\_\_  
\_\_\_\_\_

---

---

**DCFS Use Only**

\_\_\_\_\_ As per camis, there is **NO** history of CAIN in Washington State.

Date \_\_\_\_\_ Initial \_\_\_\_\_

\_\_\_\_\_ As per camis, there is prior history of CAIN in Washington State.

Date \_\_\_\_\_ Initial \_\_\_\_\_

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

**REQUESTING AGENCY:** Friends of Children of Walla Walla

## National Criminal Screen

I, \_\_\_\_\_ authorize a full and complete review and screening of any and all national criminal checks, driving record checks, domestic violence and dependency actions reviews. If I have not resided in Washington State for at least 3 years, a record check in my previous state(s) of residency will be conducted. My signature authorizes *friends* to conduct such checks.

Volunteer's FULL Name \_\_\_\_\_

Alias/Maiden Name \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Race: \_\_\_\_\_

Driver's Lic. Number/State \_\_\_\_\_/\_\_\_\_\_

Volunteer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

If you have lived in the following states (*Alaska, California, Colorado, Hawaii, Louisiana, Maryland, Maine, North Dakota, South Dakota, Rhode Island, Wyoming, Vermont, Wisconsin*), and/or moved at least 3 times in the last 10 years, you may be asked to undergo a fingerprint screen, which may take up to 6 weeks for clearance.

State #1: \_\_\_\_\_ Dates of Residence: \_\_\_\_\_

State #2: \_\_\_\_\_ Dates of Residence: \_\_\_\_\_

State #3: \_\_\_\_\_ Dates of Residence: \_\_\_\_\_

**Volunteer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.