

**VOLUNTEER APPLICATION**  
**WHATCOM COUNTY COUNCIL ON AGING**

**Applicant Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Volunteer Job Opportunities (Please  $\checkmark$  those of interest)**

*SENIOR CENTER JOBS*

- Board/Advisory Committee (COM)
- Building/Grounds Helper (BLDG)
- Bulletin Production (BUL)
- Class Instructor/Speaker (INSTR.) \_\_\_\_\_
- Coffee Bar Barista (COF)
- Crafts/Decorating (DEC)
- Entertainment Groups (ENT)
- Fundraising/Grant Writing (FUN)
- Gift Shop, Thrift Shop, etc. (SHOP)
- Hospitality Desk (HOSP)

- Library (LIB)
- Pancake Breakfast (PAN)
- Receptionist/Office Support (OFF)
- Tour Program Escort (TOUR)
- Other \_\_\_\_\_

*NUTRITION PROGRAM JOBS*

- Lunch Clerk (LUN)
- Dining Room or Kitchen Asst. (DR)
- Meals on Wheels (MOW)
- Other \_\_\_\_\_

**Availability (Please  $\checkmark$ )**

- Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

**Confidentiality Agreement**

From time to time nearly every volunteer will learn or have access to information that is sensitive and/or confidential. Examples of confidential material would include personal information about agency clients or others with whom we work; financial information about individuals or about the agency itself, names of agency clients; and sensitive or personal information about the organization, its staff and volunteers, or our clients. All this information is confidential, and none of it may be disclosed.

When dealing with any confidential material, follow these guidelines:

- Dispose of confidential documents by shredding them. Treat documents as confidential if they show anyone's name or Social Security Number, or contain financial, statistical or other sensitive information.
- Do not discuss material of a sensitive nature with other staff. Information about the affairs of any agency client or member of their family may not be discussed outside of the office.
- Do not disseminate or transmit lists or data outside of the agency.
- If you have any questions, ask your supervisor.

Besides personal information, you may also learn or be exposed to proprietary information about the operations of the agency which is not available to the general public. You may not disclose information about our data, products, business strategy, sales, finances or any other information that might damage our agency reputation or business relationships including agreements with other non profits, fundraising activities, donors, current or potential funding sources.

I have read and fully understand the Confidentiality Agreement and agree to adhere to the policy as it applies to my volunteer responsibilities.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

All volunteers must complete this History Background check. Information on this form will be sent to the Washington State Patrol for verification.

Name (Please Print) \_\_\_\_\_

Other Names Known By or Used (Maiden, Alias, etc.) \_\_\_\_\_

Address (City, State, Zip Code) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Male  Female

List the states or countries in which you have lived over the last seven years, including the years in which you lived in each.

State	Years	State	Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of any crimes against children or other persons?

Yes (explain below)  No

\_\_\_\_\_

Have you ever been convicted of crimes relating to financial exploitation of a vulnerable adult?

Yes (explain below)  No

\_\_\_\_\_

Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?

Yes (explain below)  No

\_\_\_\_\_

Have you ever been found by a court in any domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

Yes (explain below)  No

\_\_\_\_\_

Have you ever been 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?

Yes (explain below)  No

\_\_\_\_\_

Have you ever been found in any protection proceeding, under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

Yes (explain below)  No

\_\_\_\_\_

**Authorization**

I certify that all information on this Criminal Conviction Record Authorization and Disclosure form is true to the best of my knowledge, & that I understand that any misstatement of fact may result in my disqualification from consideration for volunteer activities & termination of my volunteer activities. I swear under penalty of perjury under the laws of the State of Washington that the foregoing responses are true, correct and complete. I authorize a criminal conviction record check. This release removes all liability in the criminal conviction record review & verification process.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Security Background Release**

*Some agencies require background checks.*

I am willing to provide my name, references and fingerprints for a background check.

**Life Insurance Provided**

WVC provides a \$2,500 life insurance policy in case of accidental death during volunteer service.

For more information see the brochure in your packet or go to [www.whatcomvolunteer.org](http://www.whatcomvolunteer.org).

Name of Beneficiary: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Confidentiality Statement:** I understand that all information on this form is voluntarily supplied and may be used and disclosed in a professional manner and in good faith for the specific purpose of volunteerism only. I understand it is the policy of WVC to regard all information (both written and verbal) pertaining to staff, volunteers and clients served as confidential. Furthermore, I understand and agree to comply with the confidentiality statement as it pertains to information I may learn or be entrusted with as a volunteer in the community.

\_\_\_\_\_ *Please initial here*

**Insurance Statement:** I understand that if I use my personal vehicle during my volunteer service, I will arrange to keep in effect automobile insurance equal to the minimum state requirement and will inform the WVC office of any change in coverage or driver's license status in order to qualify for the excess automobile insurance coverage.

\_\_\_\_\_ *Please initial here*

**Drug Free Statement:** Whatcom Volunteer Center is committed to providing a drug free, healthful, safe and secure work environment for employees and volunteers. Each employee and volunteer is expected and required to report to work in an appropriate mental and physical condition to perform his/her assigned duties. WVC prohibits the use, possession or sale of illicit drugs in the workplace or when conducting agency business. WVC requires its employees and volunteers to be free from illicit drugs and to be free from the influence of alcohol or the influence of legal drugs where the potential for impairment or unsafe job performance is indicated. I understand this policy and agree to comply with it.

\_\_\_\_\_ *Please initial here*

Please sign and date this application form. This affirms you have read and understand the confidentiality, insurance and drug free statement on this form and that all above information is true to the best of your knowledge.

\_\_\_\_\_ **Volunteer Signature**

\_\_\_\_\_ **Date**

**\*PARENT SIGNATURE IS REQUIRED FOR THOSE UNDER 18**

I, \_\_\_\_\_, am the custodial parent/guardian of the above listed minor. I give permission for him/her to become a member of Whatcom Volunteer Center and to participate in volunteer activities. I hold harmless the Whatcom Volunteer Center for any injury or other situations that may result from my child's choice to serve as a volunteer in the community. I do understand that when actively reporting hours of service, my child is covered under a secondary insurance policy in case of accidental injury. I have seen the insurance brochure. Furthermore, I understand that in some volunteer situations parental or adult supervision may be required in order for my child to participate. I agree to hold Whatcom Volunteer Center harmless and give my child permission to participate in volunteer activities.

\_\_\_\_\_ *\*Parent Signature (required for Volunteers under 18)*

\_\_\_\_\_ *Date*

**Office use only**

Initial referrals \_\_\_\_\_

Other notes: \_\_\_\_\_

\_\_\_\_\_ **Interviewer's Signature**

\_\_\_\_\_ **Date**