



Volunteer Services Application

Date _____

(Please Print)

Last Name First Name Mid. Initial Birthdate

Mailing Address City Home Phone Cell Phone

Street Address (if different from mailing) City E-Mail

Are you a year-round resident? ___ Yes ___ No. If not, what months are you available? _____

EDUCATION: _____ High School _____ College _____ Post-Graduate _____

Degree, license or certification and date: _____

If you are currently a student, list school name and grade _____

WORK EXPERIENCE:

Type of work _____ Number of years employed: _____

Current or last place of employment _____

VOLUNTEER EXPERIENCE: _____

Please list any hobbies, skills or interests that you think might be of value in your volunteer service:

AVAILABILITY:

Days of the Week: _____

Mornings

Afternoons

Evenings

Do you have a particular interest in the hospital? For example—Gift Shop? Office Work? Patient Interaction?

IN CASE OF EMERGENCY — NOTIFY

Name: _____ Relationship: _____

Address: _____ Home phone: _____

Work phone: _____

Physician: _____ Phone: _____

HEALTH:

Please list any physical limitations that would prevent you from performing certain volunteer duties (walking, lifting, bending, etc.) _____

Do you know anyone presently employed or volunteering at Arbor Health? ____ Yes ____ No

If so, please list names: _____

REFERENCES—Please do not list physicians or relatives:

1. _____
Name Telephone

2. _____
Name Telephone

POLICIES

Are you aware that this is a non-smoking facility? If you are a smoker, you will be required to follow the guidelines set by Arbor Health. Are you willing to follow these guidelines and policies?

Circle one: **Yes** **No**

As a Volunteer, you are representing Arbor Health. Are you willing to follow the dress code policy as it relates to the Volunteer position? Circle one: **Yes** **No**

The tuberculosis control program at Arbor Health requires obtaining a TB skin test on all new employees and volunteers. This is done on site. Do you understand this requirement? Circle one: **Yes** **No**

You will be required to attend volunteer hospital orientation. This orientation will be mandatory for all active volunteers. With proper notice, will you be able to meet this requirement? Circle one: **Yes** **No**

All employees and volunteers are required to pass a background check prior to working in the hospital. Do you understand this requirement? Circle one: **Yes** **No**

As a volunteer, you are giving of your time freely and without compensation. The position of volunteer does not constitute employment and does not guarantee future employment opportunities at Arbor Health. Do you understand? Circle one: **Yes** **No**

I authorize investigation of all statements contained in this application. All information given on this application will be considered confidential.

Prospective Volunteer Signature

Date



WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<https://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 FROM THE IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$35.00 CHECK OR MONEY ORDER OR 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 FOR \$10.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$5.00 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

Social Security Number: _____ Drivers Lic. Number/State _____ /
(optional)

WSP USE ONLY

B REQUESTER INFORMATION: (Please type or print clearly)

DATE: ___/___/___ (print) Name/Title of Requester
Mo. Day Yr.

PHONE No. () _____ Requester's Signature

REQUESTER'S ADDRESS: (type or clearly stamp address)

Requesting Agency _____
Name _____
Address _____
City State ZIP Code

Right Thumb Print (Optional)

**MORTON GENERAL HOSPITAL
DISCLOSURE STATEMENT**

Pursuant to the requirements of RCW 43.43.830.840, we must ask you to complete the following disclosure statement. This information will be kept confidential.

Have you ever been convicted of any of the following crimes against children or other persons:

YES	NO		YES	NO	
[]	[]	Aggravated Murder	[]	[]	First degree
[]	[]	First or second degree murder			promoting prostitution
[]	[]	First or second degree kidnapping	[]	[]	Communication with a minor
[]	[]	First, second or third degree assault	[]	[]	First degree arson
[]	[]	First, second or third degree rape	[]	[]	First degree burglary
[]	[]	First, second or third degree rape of a child	[]	[]	Indecent liberties
[]	[]	First or second degree robbery	[]	[]	Incest
[]	[]	First or second degree manslaughter	[]	[]	Vehicle homicide
[]	[]	First or second degree extortion	[]	[]	Unlawful imprisonment
[]	[]	First or second degree criminal mistreatment	[]	[]	Simple assault
[]	[]	Child abuse or neglect as defined in RCW 26.44.020	[]	[]	Sexual exploitation of minors
[]	[]	Selling or distributing erotic material to minor	[]	[]	First or second degree custodial interference
[]	[]	Custodial assault	[]	[]	Malicious harassment
[]	[]	Child buying or selling	[]	[]	First, second or third degree child molestation
[]	[]	Or any of these crimes as they may have been renamed	[]	[]	First or second degree sexual misconduct with a minor
[]	[]	Promoting pornography	[]	[]	Patronizing a juvenile prostitute
[]	[]	Prostitution	[]	[]	Child abandonment
			[]	[]	Violation of child abuse restraining order

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

(continue to next page)

DISCLOSURE STATEMENT – Page 2

Have you ever been convicted of any of the following crimes relating to financial exploitation of a person 60 years of age or older, who has a functional, mental, or physical inability to care for himself or herself or is a patient in a state hospital:

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree extortion |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree robbery |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree theft |
| <input type="checkbox"/> | <input type="checkbox"/> | Forgery |
| <input type="checkbox"/> | <input type="checkbox"/> | Or any of these crimes as they may have been renamed |

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

1. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?
YES NO

2. Have you ever been found in a court in a domestic relations proceeding to have physically abused or exploited any minor or to have physically abused any minor?
YES NO

3. 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?
YES NO

4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital?
YES NO

5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital?
YES NO

(continue to next page)

DISCLOSURE STATEMENT – Page 3

If your answer is “yes” to any of questions 1 through 5 above, please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed.

UNDER THE PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am hired/appointed, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired/appointed, my employment/appointment is conditioned on your receipt of a satisfactory report form the Washington State Patrol.

Signature: _____

Name (print): _____

Date: _____

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report of your record of convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are hired/appointed before that report is available, YOUR EMPLOYMENT/APPOINTMENT WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.

You will be notified of the Washington State Patrol’s results within seventy-two hours of receipt and a copy of the response will be available to you upon your requests.

What will disqualify a person from working with vulnerable adults?

There are currently six (6) categories of behavior that may be disqualifying:

1. If your record shows a conviction for the following crimes, you are automatically disqualified:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Aggravated murder • Arson 1st degree • Assault in 1st degree • Assault in 2nd degree • Assault in 3rd degree • Assault in 4th degree (Simple Assault) • Assault of a child in 1st degree • Assault of a child in 2nd degree • Assault of a child in 3rd degree • Burglary 1st degree • Child abandonment • Child abuse or neglect defined in RCW 26.44.020 • Child buying or selling • Child molestation 1st degree • Child molestation 2nd degree • Child molestation 3rd degree • Communication with a child for immoral purposes • Criminal Abandonment • Criminal mistreatment 1st degree • Criminal mistreatment 2nd degree • Custodial Assault • Custodial interference 1st degree • Custodial interference 2nd degree • Extortion 1st degree • Extortion 2nd degree • Extortion 3rd degree • Felony indecent exposure • Forgery • Incest • Indecent liberties | <ul style="list-style-type: none"> • Kidnapping 1st degree • Kidnapping 2nd degree • Malicious harassment • Manslaughter in 1st degree • Manslaughter in 2nd degree • Murder in 1st degree • Murder in 2nd degree • Patronizing a juvenile prostitute • Promoting pornography • Promoting prostitution 1st degree • Prostitution • Rape 1st degree • Rape 2nd degree • Rape 3rd degree • Rape of a child 1st degree • Rape of a child 2nd degree • Rape of a child 3rd degree • Robbery 1st degree • Robbery 2nd degree • Selling or distributing erotic material to a minor • Sexual exploitation of minors • Sexual misconduct with a minor 1st degree • Sexual misconduct with a minor 2nd degree • Theft 1st degree • Theft 2nd degree • Theft 3rd degree • Unlawful imprisonment • Vehicular homicide (negligent homicide) • Violation of a child abuse restraining order • Custodial sexual misconduct 1st degree • Custodial sexual misconduct 2nd degree |
|--|---|

2. If your record shows a conviction for the following crimes, you may be hired without department action against the facility if the conviction date (court date) is three(3) or five(5) years before the employment application date:

Three (3) years must pass:

- Assault in the 4th degree
- Prostitution
- Theft 3rd degree

Five (5) years must pass:

- Forgery
- Theft 2nd degree

3. If your record shows a conviction for the following crimes, the facility may disqualify you:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Manufacture of a controlled substance • Delivery of a controlled substance | <ul style="list-style-type: none"> • Possession with the intent to manufacture a controlled substance • Possession with the intent to deliver a controlled substance |
|---|--|

4. If your record shows that you have been convicted (in any state) of a crime that is equivalent to a crime on the list above or a crime that has been renamed, you may be disqualified.

5. If a court, a department of the state, disciplinary board, or dependency action has found that you have abused, neglected, exploited, or sexually abused any minor or vulnerable adult, you may be automatically disqualified.

6. If your record shows that you have been convicted of crimes related to care of vulnerable adults or children, you may be disqualified under facility licensing regulations.

INSTRUCTIONS FOR COMPLETING THE BACKGROUND AUTHORIZATION FORM

This form must be completed as directed. No other form will be accepted.
The most common mistakes made when requesting a background check:

- Boxes are blank.
- Handwriting cannot be read.
- Wrong form is used.
- Applicant is less than 18 years of age and the parent or guardian did not sign the form.
- Date signed is older than three (3) months from the date received by the Background Check Central Unit.

SECTION 1: To be completed by the entity requesting the background check.

1. Required. List entity requiring background check. An entity may include a DSHS office, child placing agency, contractor, licensed facility, license applicant, provider, contracting agency, facility or home where care/service is provided, or parent. Contact the DSHS office you receive services from to find out what entity name should be listed.
2. Required. The person requesting the background check must print and sign their name.
3. Required ONLY for Children's Administration, Economic Services Administration, Aging & Disability Services Administration, and DSHS state employment.
4. Each DSHS office and entity required to conduct background checks through the Background Check Central Unit (BCCU) has an assigned BCCU Account Number. BCCU Account Numbers can be found at <http://www1.dshs.wa.gov/msa/bccu/index.htm>. Background check results are returned to the address or fax number associated with the BCCU Account Number. Please report any errors in address or fax number to BCCU at bccuinquiry@dshs.wa.gov or (360) 902-0299. Please include the BCCU Account Number in your email.
5. Optional. Many DSHS offices need an identification (ID) number to match results to DSHS clients, licensees, contractors, or DSHS offices and staff. An identification number may include, but is not limited to a parent or guardian's Social Security Number, client ID, DSHS worker ID, facility business ID. Contact the DSHS office you receive services from to find out if an identification number is needed.

SECTION 2: To be completed by the applicant (person to be checked). DSHS employees conducting an Adult Protective Services (APS) or Child Protective Services (CPS) investigation must complete this section to the best of their knowledge.

6. Optional.
7. Required.
8. A. Required.
B. Required. Must include complete name at birth. Write SAME if birth name is the same as current name. Write NONE if you did not have a birth name.
9. Required. Write NONE if you are not known by any other name.
10. Required. Write NONE if you do not have a nickname.
11. Required.
12. Required.
13. Required.
14. Required.
15. Required. Write NONE if you do not have a driver's license or state identification number.
16. A. Required. If you have lived in Washington State for the past three (3) consecutive years but have an out of state driver's license, you may be asked to send your background form and proof of residency to the DSHS licensing or contracting office. Some applicants must complete a fingerprint card if they have not lived in Washington State for the past three (3) consecutive years. Contact the DSHS office you receive services from to find out if you need to complete a fingerprint card. The Background Authorization form and fingerprint card must be sent together.
B. Required. If you have completed a DSHS fingerprint-based check within the past three (3) years and have not lived outside the state since the last fingerprint check, DSHS may use the previous result. Please mark the appropriate answer in Section 2, Box 16.
17. A. Required.
B. Optional.
18. Read prior to moving to Box 19.
19. Required. If you are less than 18 years of age, your parent or guardian must sign this form.
20. Required. The Background Check Central Unit must receive the background authorization form within three (3) months from the date of the signature.