



Transitions

Prospective Volunteer Profile

Today's Date: _____ Your Date of Birth: _____

Last Name: _____ First Name: _____

Current Address: _____ City/State: _____ Zip: _____

Permanent Address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____

Do you have any relatives who are currently volunteering or employed by or have ever been employed by Transitions? _____

Are you currently employed? _____ Employer/Job Title _____

Do you currently volunteer? _____ Volunteer Site & Role _____

How were you referred to Transitions? _____

Do you have a site of interest? Please check one or more:

- Women's Hearth, Miryam's House, Transitional Living Center, EduCare, New Leaf Kitchen & Cafe, Home Yard Cottages

Please indicate the days & hours you are available: (example MON 3-5pm TUE _ WED 10am-3pm)

MON _____ TUE _____ WED _____ THUR _____ FRI _____ SAT _____ SUN _____

If you are in a service learning class, please list class & professor's name:

Please list the names & phone numbers of 2 non-family members to provide references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Do you have any special interests, hobbies or skills you would like to share?

Please download form, fill out and email, mail or fax to: vol@help4women.org Fax: 509.325.9877 3128 N. Hemlock, Spokane, WA 99205



DISCLOSURE STATEMENT FOR PROSPECTIVE VOLUNTEERS

CRIMINAL HISTORY AND CHILD/ADULT ABUSE RECORD SEARCH

Pursuant to the requirements of Washington State law (RCW 43.43.834), we must ask you to complete the following Volunteer Applicant Disclosure Statement. Information obtained from this disclosure statement or from other authorized background inquiries will not necessarily preclude you from being offered a volunteer position, but will be considered in determining your suitability to perform in the position applied for and may result in denial of a position.

Note: Transitions will be confirming your answers to these questions by conducting a search of public records, which may include running a Washington State Patrol Check for criminal convictions, an Aging and Disability Registry check for administrative substantiated final findings and national criminal background screening. A copy of the resulting Washington State Patrol Check report will be made available to you.

VOLUNTEER APPLICANT DISCLOSURE STATEMENT

Please answer the following completely and accurately:

Full Name: _____ (First, Middle, Last)

Alias/Other Names Used: _____

Date of Birth: _____ Have you been convicted of a crime? (Check one) Yes ___ OR No ___

If yes, please specify the crime(s) for which you were convicted, the name of the court where you were convicted and the date(s).

Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, isolation, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding? (Civil adjudicative proceeding includes judicial or administrative proceedings as well as findings by the Department of Social and Health Services or the Department of Health that you have not administratively challenged or appealed.) (Check one): Yes ___ OR No ___

If yes, please specify the finding, agency making the finding and the date.

A copy of the resulting Washington State Patrol Check report will be made available to you. Do you want a copy of the report? (Check one): Yes ___ OR No ___

Applicant Signature

Date

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that misrepresentation or falsification of statements made in this application may cause me to be ineligible for consideration and/or result in immediate dismissal.