

Volunteer Application

Name		Telephone Number	
Address			
City		State	Zipcode
Email Address		Cell Phone Number	

Which program do you wish to volunteer with? (Check One)

Health Services Children's Services Other

Frequency with which you wish to volunteer (Check One)

Twice Weekly Weekly Every Two Weeks Once A Month

Time preference (Check One)

Morning Afternoon Evening

Length of time you wish to serve (Check One)

1 hour 2 hours 3 hours Longer periods

Day(s) of the week preferred (Check all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you wish to put a limit on your volunteer commitment? If so please fill in how long or state indefinitely _____

How did you hear about our volunteer program? _____

Are there any skills drawn from previous experiences you would like to share with us? (other languages, hobbies or past careers) _____

Do you belong to any other clubs or organizations? _____

Who may we contact in case of an emergency?

Name		Telephone Number	
Relationship			

Which areas of service are of interest to you:

- Assist with evening game activities
- Crafts
- Assist with glamour time
- Share vocal talents
- Share instrumental talents
- Belong to a musical, dance or other entertainment group which could come in and perform
- Gift Shop Clerk
- Help with monthly parties and special events
- Bake goodies for resident activities
- Take residents for walks out of doors or visits throughout the center
- Teach painting classes
- Assist with our Eden Alternative program involving animals and plants
- Register your pet to visit and provide pet therapy visits
- Write letters or provide 1 on 1 reading to residents
- Provide assistance for Sunday and Thursday Chapel services
- Provide assistance for Friday Bible Study
- Assist with Horticulture Therapy (resident gardening, flower arranging and providing room visits to water plants)
- 1 on 1 individualized resident room visits
- Rocking and feeding babies at the Child Care Center or Early Learning Center (Silverdale)
- Assist with 1 on 1 activity cart visits to offer in room activities such as reading materials, games, puzzles, movies and music
- Help with fund raisers throughout the year
- Help in the dining room at meal times (pass trays, help with tray set up, but tables)
- Feed residents during mealtimes (requires brief in-service on feeding)
- Spend time in the evenings (6 PM to 8 PM) on the Bay unit helping with quiet time activities
- Adopt-a-Grandparent Program (Families with children are matched with residents interested in becoming an adopted grandparent)
- Sewing, crocheting and knitting
- Van Buddy - Accompanying residents to their doctor's appointments
- Bus Driver - requires a CDL (Martha & Mary can assist)
- OTHER _____

Date Volunteer Service Began	Volunteer Assignment

Memo

To: New Applicants

From: Director Human Resources

Date: 2/26/2010

Re: DSHS Background Authorization Form

Dear Applicant

You are about to complete the DSHS Background Authorization Form (DSHS 09-653) dated 01/2008.

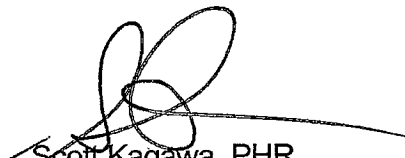
In 2009, Residential Care Services (RCS) proposed possible changes to the Nursing Home, Boarding Home and Adult Family Home licensing rules. The rules became effective January 29, 2010 for Nursing Homes, and February 15, 2010 for Boarding Homes and Adult Family Homes. One change related to background checks aligns the disqualifying crime rules with the department's disqualifying crime lists to make Home and Community Services and RCS lists consistent.

You are required to complete all blocks in section 2 of the form. Please ensure you follow the attached instructions. Your form will be rejected if you fail to **print all required information clearly in the required format. You have to complete the form in your own handwriting.** Your background check will be rejected if the BCCU cannot read your handwriting.

The most important issue is that you disclose all information for blocks 11A through 14. A recent change in the law allows the BCCU to check databases of all state law enforcement agencies, Washington State Patrol (WSP), Department Social Health Services (DSHS), Child Protective Services (CPS), all juvenile and adult court records in the State of Washington under the Judicial Information System (JIS).

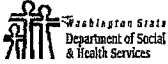
Thanks for your assistance in advance.

Questions can be directed to the Human Resources at (360)394-4075.



Scott Kagawa, PHR
Director Human Resources

MARTHA & MARY LUTHERAN SERVICES
HEALTH SERVICES CHILDREN'S SERVICES RETIREMENT APARTMENTS "THE EBENEZER"



Background Authorization

Read the attached instructions before completing this form.

SECTION 1: ENTITY INFORMATION (COMPLETED BY DSHS STAFF, PROVIDER, APPLICANT, LICENSEE AND/OR CONTRACTOR)

1A. GIVE NAME OF PERSON OR ENTITY REQUESTING THIS BACKGROUND CHECK Martha & Mary Health Services		1B. SEE INSTRUCTIONS: GIVE ENTIRE ADDRESS OF PERSON OR ENTITY REQUESTING THE CHECK 19160 Front Street, Box 127 Poulsbo, WA 98370		1C. REQUIRED BY CHILDREN'S ADMINISTRATION ONLY: GIVE NAME OF FACILITY/FOSTER HOME	
2. NAME AND SIGNATURE OF PERSON REQUESTING THE BACKGROUND CHECK PRINTED NAME: Dannelle Bessert				SIGNATURE:	
3. A. REQUIRED ONLY FOR ECONOMIC SERVICES ADMINISTRATION: <input type="checkbox"/> WorkFirst contract <input type="checkbox"/> Protective Payee <input type="checkbox"/> In-home relative <input type="checkbox"/> In loco parentis					
B. REQUIRED ONLY FOR CHILDREN'S ADMINISTRATION: <input type="checkbox"/> State foster care <input type="checkbox"/> Private agency foster care <input type="checkbox"/> Adoption <input type="checkbox"/> DCFS relative placement <input type="checkbox"/> Contracts <input type="checkbox"/> Subject of (or related to) CPS investigation <input type="checkbox"/> Residential facility or child placing agency employee					
C. REQUIRED ONLY FOR ADULT PROTECTIVE SERVICES: <input type="checkbox"/> Subject involved in (or related to) APS investigation per RCW 74.34					
D. REQUIRED ONLY FOR DSHS STATE EMPLOYMENT: DSHS POSITION NUMBER _____ (WRITE NONE IF NONE) DSHS JOB CLASSIFICATION: _____ PERSONNEL IDENTIFICATION NUMBER: _____ <input type="checkbox"/> Permanent appointment <input type="checkbox"/> Non-permanent appointment <input type="checkbox"/> Work study <input type="checkbox"/> Volunteer <input type="checkbox"/> Student internship <input type="checkbox"/> Layoff <input type="checkbox"/> On-Call					
4. SEE INSTRUCTIONS: BCCU ACCOUNT NUMBER N1216		5A. SEE INSTRUCTIONS: DSHS ID NUMBER OR NAME N/A		5B. FOR WEB SERVICE FINGERPRINT CHECK: BCCU INQUIRY ID NUMBER	

SECTION 2: THIS SECTION IS FOR APPLICANT INFORMATION ONLY (THE PERSON TO BE CHECKED IS THE APPLICANT)

8. SEE INSTRUCTIONS: SOCIAL SECURITY NUMBER		7. PRINT YOUR DATE OF BIRTH (MM/DD/YYYY)			
8A. SEE EXAMPLE IN INSTRUCTIONS: PRINT YOUR LAST NAME AS IT IS NOW (WRITE NONE IF NONE)		SEE EXAMPLE IN INSTRUCTIONS: PRINT YOUR FIRST NAME AS IT IS NOW (WRITE NONE IF NONE)		SEE EXAMPLE IN INSTRUCTIONS: PRINT YOUR MIDDLE NAME AS IT IS NOW (WRITE NONE IF NONE)	
8B. PRINT YOUR LAST NAME AT BIRTH (WRITE NONE IF NONE)		PRINT YOUR FIRST NAME AT BIRTH (WRITE NONE IF NONE)		PRINT YOUR MIDDLE NAME AT BIRTH (WRITE NONE IF NONE)	
9. PRINT OTHER LAST NAMES YOU HAVE USED AND LAST NAMES YOU HAVE BEEN KNOWN BY (WRITE NONE IF NONE)					
10. PRINT YOUR NICKNAMES AND ALL OTHER FIRST NAMES YOU HAVE USED AND HAVE BEEN KNOWN BY (WRITE NONE IF NONE)					
11A. Have you been convicted of any crime? If yes, fill in the blanks below. Add a page if you need more room. <input type="checkbox"/> Yes <input type="checkbox"/> No Felony and gross misdemeanor crimes: _____ Degree: _____ State: _____ Conviction date: _____					
11B. Do you have charges (pending) against you for any crime? If yes, fill in the blanks below. Add a page if you need more room. <input type="checkbox"/> Yes <input type="checkbox"/> No Felony and gross misdemeanor crimes: _____ Degree: _____ State: _____					
12. Have you ever received a notice from a court or state agency stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or adult? <input type="checkbox"/> Yes <input type="checkbox"/> No					
13. Has a court or state agency ever denied you a contract or license; terminated, revoked or suspended your contract or license; or have you ever given up your contract or license because a court or agency was taking action against you? <input type="checkbox"/> Yes <input type="checkbox"/> No					
14. Has a court ever written an order of protection or a restraining order lasting more than 30 days against you for abuse, neglect, financial exploitation, domestic violence, or abandonment of a vulnerable adult, juvenile, or child? <input type="checkbox"/> Yes <input type="checkbox"/> No					
15. PRINT YOUR DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER (WRITE NONE IF NONE)				PRINT THE NAME OF THE STATE ON YOUR LICENSE OR ID	
16. How many years have you lived in Washington State without living in another state? _____ Years / _____ Months					
17. A. PRINT THE STREET ADDRESS WHERE YOU LIVE NOW		CITY		STATE ZIP CODE COUNTY	
B. SEE INSTRUCTIONS: PRINT THE STREET ADDRESS WHERE YOU LIVED BEFORE YOUR CURRENT ADDRESS		CITY		STATE ZIP CODE COUNTY	
C. SEE INSTRUCTIONS: GIVE THE DAYTIME AREA CODE AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED					
18. 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. My signature in box number 19 means:					
<ul style="list-style-type: none"> • I give DSHS permission to check my background with any governmental entity and law enforcement agency. • If a founded finding is identified, I give DSHS permission to give only my name and that a founded finding was identified to any persons or entities in Section 1. • I give DSHS permission to give all my other background information to the persons or entities named in Section 1. • This permission is good for 90 days from the date signed. I can change my mind about this permission in writing at any time. 					
19. REQUIRED: YOUR SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.				20. REQUIRED: TODAY'S DATE (MM/DD/YYYY)	

FOR USE BY CHILDREN'S ADMINISTRATION STAFF ONLY

CAMIS files checked by _____	on date _____	<input type="checkbox"/> No information found	<input type="checkbox"/> Information available
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SECTION 2: You **MUST** fill out this section if you are the person we are checking. **Note:** A DSHS employee asking for a background check for an Adult Protective Services (APS) or Child Protective Services (CPS) investigation **MUST** fill out this section as best he or she can.

- 6. You **MAY** put your social security number (SSN) in this box. Your SSN is not required to conduct a background check.
_____ (This box allows your program to insert requirements.)
- 7. You **MUST** fill in your date of birth.
- 8A. You **MUST** put your whole name. If you do not have a name to put in this box, you **MUST** put **NONE**.
SEE EXAMPLE BELOW.

EXAMPLE:		
PRINT YOUR LAST NAME AS IT IS NOW	PRINT YOUR FIRST NAME AS IT IS NOW	PRINT YOUR MIDDLE NAME AS IT IS NOW
NONE	"Prince"	NONE

- B. You **MUST** put your whole birth name. You **MUST** put **SAME** if any of your names are the same as the names you put in box 8A.
- 9. You **MUST** put last names you have used or have been known by. You **MUST** put **NONE** if you have NOT used or been known by any other last names.
- 10. You **MUST** put any nicknames you have used. You **MUST** put **NONE** if you have NOT used any nicknames.
- 11. You **MUST** answer **YES** or **NO**. If your answer is **YES** to A. or B., you **MUST** fill in your conviction and pending charge information.
- 12. You **MUST** answer **YES** or **NO**.
- 13. You **MUST** answer **YES** or **NO**.
- 14. You **MUST** answer **YES** or **NO**. Put **YES** if the protection order lasted longer than 30 days and it was for the protection of a vulnerable adult, juvenile or child.
- 15. You **MUST** put your driver's license or state identification number in the box. You **MUST** put the name of the state in the box. You **MUST** put **NONE** if you do not have a driver's license or state identification number.
- 16. You **MUST** put the number of years and months you have lived in Washington State without living in another state or country. If you have moved out of Washington to another state or country, you **MUST** start counting the years and months from the date you moved back to Washington State. **Note:** You **MUST** ask your program if you have to get a fingerprint check.
- 17. A. You **MUST** fill in the address where you live now.
B. Your program may require you give your old address. Ask your DSHS program. Put N/A in this box if NOT required by your program.
_____ (This box allows your program to insert requirements.)
C. Ask your program if your telephone number is required. You **MUST** put **NONE** if you do not have a telephone number.
_____ (This box allows your program to insert requirements.)
- 18. You **MUST** read the statement in this box. Your signature under number 19 means you have read and agree to the statements in number 18. This background authorization form does NOT take the place of a public disclosure request for records about a founded finding. Founded finding means a state agency has taken a legal action against someone after an investigation and notice of a decision about abuse, sexual abuse, neglect, abandonment or exploitation or financial exploitation of a vulnerable adult, juvenile or child.
- 19. You **MUST** sign your name here. If you are NOT 18 years old, your parent or guardian **MUST** sign here.
- 20. You **MUST** fill in the date you signed this form.

ATTENTION APPLICANTS:

If you want to know the status of your background check form or need information about the BCCU background check process, contact BCCU at: bccuinquiry@dshs.wa.gov

ATTENTION ENTITIES AND DSHS STAFF: You **MUST** report errors in your address, telephone number or fax number to BCCU at bccuinquiry@dshs.wa.gov or (360) 902-0299. Put your BCCU account number in your email.

DSHS SECRETARY'S LIST OF CRIMES AND NEGATIVE ACTIONS
FOR USE BY ADSA Home & Community Services for Individual Providers and Home Care Agencies
FOR USE BY ADSA Residential Care Services for Nursing Homes, Boarding Homes & Adult Family Homes

Crimes:

A person who has a crime listed below is denied unsupervised access to vulnerable adults, juveniles, and children.

If "(5 or more years)" or "(3 or more years)" appears after a crime, the person cannot be in a position to be left alone with a vulnerable adult unless 5 or more years or unless 3 or more years has passed since the date of the conviction.

After 5 or 3 years has passed, an overall assessment of the person's character, competence, and suitability to have unsupervised access will determine denial.

Abandonment of a child
Abandonment of a dependent person
Abuse or neglect of a child
Arson 1
Assault 1
Assault 2
Assault 3
Assault 4/simple assault (3 or more years)
Assault of a child
Burglary 1
Child buying or selling
Child molestation
Commercial Sexual Abuse of a Minor/Patronizing a juvenile prostitute
Communication with a minor for immoral purposes
Criminal mistreatment
Custodial assault
Custodial interference
Custodial sexual misconduct
Dealing in depictions of minor engaged in sexual explicit conduct
Extortion
Forgery (5 or more years)
Incest
Indecent exposure/Public indecency (Felony)
Indecent liberties
Kidnapping
Malicious harassment
Manslaughter
Murder/Aggravated murder
Promoting pornography
Promoting prostitution 1
Prostitution (3 or more years)
Rape
Rape of child
Registered sex offender
Robbery
Selling or distributing erotic material to a minor
Sending or bringing into the state depictions of a minor
Sexual exploitation of minors
Sexual misconduct with a minor
Theft 1
Theft 2 (5 or more years)
Theft 3 (3 or more years)
Unlawful imprisonment
Vehicular homicide (negligent homicide)

Violation of child abuse restraining order
Violation of the Imitation Controlled Substance Act (manufacture/deliver/intent)
Violation of Uniform Controlled Substance Act (manufacture/deliver/intent)
Violation of the Uniform Legend Drug Act (manufacture/deliver/intent)
Violation of the Uniform Precursor Drug Act (manufacture/deliver/intent)
Voyeurism

Negative Actions are considered under individual program law and rule and may lead to denial of unsupervised access to vulnerable adults.

A **negative action** is an administrative or civil action taken against an individual and may include:

- A finding that an individual abused, neglected, exploited, or abandoned a vulnerable adult, juvenile or child issued by an agency, an Administrative Law Judge, or a court of law. A finding by an agency is not a negative action if the individual was not given the opportunity to request an administrative hearing to contest the finding
- Termination, revocation, suspension, or denial of a license, certification, and/or State or Federal contract
- Relinquishment of a license, certification, or contract in lieu of an agency negative action
- Revocation, suspension, denial or restriction placed on a professional license
- Department of Health disciplining authority finding
- A protection order issued under chapter 74.34 RCW. (A conviction for violation of a protection order issued under chapter 74.34 RCW is evidence that a protection order was issued).