



## 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



# INSTRUCTION SHEET FOR FILLING OUT THE BACKGROUND AUTHORIZATION FORM

## Background Authorization Instructions – Page 1 of 2

You **MUST** fill in ALL boxes on this form as instructed. READ the instructions for each Section and each box.

You **MUST** put an answer in the box. You can put NO, NOT APPLICABLE (N/A), OR NONE— except BOX number 3 –

**DO NOT** answer any question by putting UNKNOWN or a QUESTION MARK in the box. If you do, the form will be sent back.

Print clearly with black ink.

Read each question carefully.

Check with your DSHS program to find out if you must fill in boxes marked "SEE INSTRUCTIONS"

\_\_\_\_ (This box allows your program to insert their requirements.)

You **MUST** put an answer in every box and return this form to: \_\_\_\_ (This box allows the person, program, or entity to insert the address or fax number where the form is to be returned.)

Most background authorization forms are sent back to the requester for the following reasons:

- Wrong form.
- Blank boxes.
- Bad handwriting.
- Missing or wrong BCCU account number.
- Person under 18 signs the form without a parent or guardian signature.
- Date signed is older than three (3) months from the date BCCU received the form.

**SECTION 1: This section must be completed by the person or entity requesting this background check.** An entity may be a facility, business, organization, or agency such as a Nursing Home, a Rehabilitation Center, or a DSHS Office.

If you are applying to be a licensed Adult Family Home, Boarding Home, or Nursing Home, **SKIP SECTION 1. GO directly to SECTION 2.**

- A. You MUST** put the name of the entity or person asking for the background check. An entity may be a DSHS office. A person may be someone applying for a license or a service provider contract. Ask your DSHS program to tell you what person's name or the name of the entity that is required for this box.  
\_\_\_\_ (This box allows your program to insert requirements.)

**B.** Ask your DSHS program if you are required to fill in the address of the entity or person asking for the background check. Put N/A in this box if NOT required by your program.  
\_\_\_\_ (This box allows your program to insert requirements.)

**C. This box is ONLY** for Children's Administration. Children's Administration: Fill in the name of the facility or foster home.
- You MUST** print and sign your name if you are the person asking for the background check. The person who is being checked signs in box 19.
- DO NOT WRITE ANYTHING IN THESE BOXES UNLESS** you are an employee of Children's Administration, Economic Services Administration, Adult Protective Services or a DSHS hiring authority.

**D.** Personnel ID Number is the permanent number assigned to every staff person by the Department of Personnel (DOP).
- You MUST** put your BCCU account number in this box. You can find your BCCU account number at <http://www1.dshs.wa.gov/msa/bccu/index.htm>. If this form is part of your application for **license** as an Adult Family Home, Boarding Home or Nursing Home, you **DO NOT** need to give the BCCU account number. You **MUST** do the following:

  - Adult Family home – Put an **A** in front of your license number.
  - Boarding home – Put a **B** in front of your license number.
  - Nursing home – Put an **N** in front of your license number.
- A. You MUST** ask your DSHS program if they require you to have an ID number or a name in this box. Put N/A in this box if NOT required by your program.  
\_\_\_\_ (This box allows your program to insert requirements.)

**B. DSHS ONLY** – Put N/A if you are NOT a DSHS staff person using Web Service for fingerprint background checks. This ID number is for DSHS staff to track background checks. Any program may use this box for their own tracking purposes.

**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 <b>NONE</b>	PRINT YOUR FIRST NAME AS IT IS NOW <i>"Prince"</i>	PRINT YOUR MIDDLE NAME AS IT IS NOW <b>NONE</b>
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- 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](mailto: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](mailto: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 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  
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 protection/contact/restraining order

**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 action taken against an individual and may include:

- A decision issued after a due process hearing by an agency or an Administrative Law Judge showing a finding of abuse, neglect, exploitation, or abandonment of a vulnerable adult, juvenile or child.
- 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 findings.