

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

MARTHA &MARY

bridging generations, enriching lives

To: New Applicants
From: Director, Human Resources
Date: 1/7/2013
**Re: DSHS Background Authorization
Form**

Below is the DSHS Background Authorization Form (DSHS 09-653) dated 01/2008 which you must complete.

Please 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 must complete the form in your own handwriting. Your background check will be rejected if the BCCU cannot read your handwriting.

You must disclose all information for blocks 11A through 14. 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), and all juvenile and adult court records in the State of Washington under the Judicial Information System (JIS).

Thank you for your assistance in advance.

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

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

19160 FRONT STREET NE, PO Box 127, POULSBORO, WA 98370-0127 360.779.7500
360.779.8400 FAX WWW.MARTHAANDMARY.ORG



Background Check Authorization

PROCESSING CODE

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

1A. ENTITY REQUESTING THE BACKGROUND CHECK

Martha & Mary

1B. ENTIRE ADDRESS OF ENTITY LISTED IN BOX 1A

19160 Front Street NE, Poulsbo, WA 98370

1C. NAME OF SECONDARY ENTITY

2. REQUIRED: NAME AND SIGNATURE OF PERSON REQUESTING THE BACKGROUND CHECK

PRINTED NAME: Anna Winney

SIGNATURE:

3. REQUIRED ONLY FOR DSHS STATE EMPLOYMENT

DSHS POSITION NUMBER (WRITE NONE IF NONE)

DSHS JOB CLASSIFICATION:

PERSONNEL IDENTIFICATION NUMBER:

☐ Permanent appointment ☐ Non-permanent appointment ☐ Work study / student internship ☐ Volunteer ☐ Acting

4. REQUIRED: BCCU ACCOUNT NUMBER

5. DSHS ID NUMBER OR NAME

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

6. SOCIAL SECURITY NUMBER

7. REQUIRED: DATE OF BIRTH (MM/DD/YYYY)

8. PRINT YOUR E-MAIL ADDRESS

9. REQUIRED: PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR OTHER PHOTO ID. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.

FIRST:

MIDDLE:

LAST:

10. REQUIRED: PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.

FIRST:

MIDDLE:

LAST:

REQUIRED: SELF DISCLOSURE QUESTIONS. SEE INSTRUCTIONS.

You must answer Questions 11A through 14. Attach an additional sheet of paper if you need to list additional crimes or pending charges.

11A. Have you been convicted of any crime? If yes, fill in the blanks below. ☐ Yes ☐ No

Degree: State: Conviction date: / /

11B. Do you have charges (pending) against you for any crime? If yes, fill in the blanks below. ☐ Yes ☐ No

Degree: State:

12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? ☐ Yes ☐ No13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? ☐ Yes ☐ No14. Has a court ever entered any of the following against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile or child? ☐ Yes ☐ No

• Permanent* vulnerable adult protection order / restraining order, either active or expired, under RCW 74.34.

• Sexual assault protection order under RCW 7.90.

• Permanent* civil anti-harassment protection order, either active or expired, under RCW 10.14.

See instructions for description of "permanent."

15. REQUIRED: PRINT YOUR DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER (WRITE NONE IF NONE)

REQUIRED: PRINT THE NAME OF THE STATE ON YOUR LICENSE OR ID

16. REQUIRED

Have you lived in any state or country other than Washington State within the last three years (36 months)? ☐ Yes ☐ No

17. A. REQUIRED: PRINT YOUR MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION

APT. NO.

CITY

STATE

ZIP CODE

B. REQUIRED: PRINT THE STREET ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF YOUR STREET ADDRESS IS THE SAME AS YOUR MAILING ADDRESS)

APT. NO.

CITY

STATE

ZIP CODE

C. REQUIRED: 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. I understand and agree my signature in box number 19 means:

- I give DSHS permission to check my background with any governmental entity and law enforcement agency.
- My background check result may include prior self-disclosure information and fingerprint results that are contained in the DSHS Background Check System and that this information will be reported as allowed by federal or state law.
- If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result.
- DSHS will give my background check result to the persons or entities named in Section 1 and may release my background check results to other persons or entities when the law authorizes or requires DSHS to do so. Fingerprint rap sheets are provided if allowed by federal or state law.
- The entity requesting this background check must submit this form to the Background Check Central Unit within the timeframe required by the DSHS oversight program.

19. REQUIRED: YOUR SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18

20. REQUIRED: TODAY'S DATE (MM/DD/YYYY)

PROGRAM USE - FOLLOW INSTRUCTIONS PROVIDED BY YOUR DSHS OVERSIGHT PROGRAM

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

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).