

**Martha & Mary Health Services  
Volunteer Application**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Frequency with which you wish to volunteer

☐ Twice Weekly    ☐ Weekly    ☐ Every Two Weeks    ☐ Once A Month

Time preference

☐ Morning    ☐ Afternoon    ☐ Evening

Length of time you wish to serve

☐ 1 hour    ☐ 2 hours    ☐ 3 hours    ☐ Longer periods

Day of the week preferred \_\_\_\_\_

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 \_\_\_\_\_ Phone# \_\_\_\_\_

Relationship \_\_\_\_\_

**You must be at least 13 years old or accompanied by an adult to volunteer at the Health Services building and at least 16 years old to work for the Children's Centers.**

**Which areas of service are of interest to you? (please check all that apply)**

- ☐ 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 outdoors 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 mid-week Chapel services
- ☐ Provide assistance for Bible Study
- ☐ Assist with Horticulture Therapy (resident gardening, assist in the greenhouse, 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) (additional security required)
- ☐ Assist with 1 on 1 Activity and Treat Cart visits to offer in room activities such as reading materials, games, puzzles, movies, treats and music
- ☐ Help with Fund Raisers throughout the year
- ☐ Help in the Dining Room at meal times (pass trays, help with tray set-up, bus tables)
- ☐ Feed residents during meal times (requires brief in-service on feeding)
- ☐ Spend time in the evenings (6pm – 8pm) 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
- ☐ Bus Driver – requires a CDL (Martha & Mary can assist)
- ☐ OTHER: \_\_\_\_\_

Date Volunteer Service Began	Volunteer Placement

## **STATEMENT OF CONFIDENTIALITY**

All patient Protected Health Information (PHI—which includes patient medical and financial information), employee records, financial and operating data of Martha & Mary and its subsidiaries, and any other information of a private or sensitive nature are considered confidential. Confidential information should not be read or discussed by any volunteer unless pertaining to his or her specific job requirements. Examples of inappropriate disclosures include:

- Volunteers discussing or revealing PHI or other confidential information to friends or family members.
- Volunteers discussing or revealing PHI or other confidential information to other volunteers without a legitimate need to know.
- The disclosure of a patient's presence on the premises, hospital, or other medical facility, without the patient's consent, to an unauthorized party without a legitimate need to know, and that may indicate the nature of the illness and jeopardize confidentiality.

The unauthorized disclosure of PHI or other confidential information by volunteers can subject each individual volunteer and the facility to civil and criminal liability. Disclosure of PHI or other confidential information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, is grounds for immediate disciplinary action up to and including termination of services.

### **Volunteer Confidentiality Agreement**

I hereby acknowledge, by my signature below, that I understand that the PHI, other confidential records, and data to which I have knowledge and access in the course of my service with Martha & Mary Health Services or its subsidiaries, is to be kept confidential, and this confidentiality is a condition of my volunteer services. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my volunteer duties. I understand that my duty to maintain confidentiality continues even after I am no longer a volunteer at Martha & Mary.

I am familiar with the guidelines in place at Martha & Mary Health Services pertaining to the use and disclosure of patient PHI or other confidential information. Approval should first be obtained before any disclosure of PHI or other confidential information not addressed in the guidelines and policies and procedures of Martha & Mary Health Services is made. I also understand that the unauthorized disclosure of patient PHI and other confidential or proprietary information of Martha & Mary Health Services is grounds for disciplinary action, up to and including immediate dismissal.

Date: \_\_\_\_\_ Signature of Volunteer: \_\_\_\_\_

Print Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

## Background Check Authorization

**Section 1. Required: Applicant Information** (All sections completed by the applicant, the person receiving a background check). The requesting entity will submit the applicant's information through the online Background Check System (BCS).

1. <b>REQUIRED: LEGAL NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO IDENTIFICATION (ID)</b>				
FIRST		MIDDLE		LAST
2. <b>REQUIRED: OTHER ALIAS FIRST, MIDDLE, AND LAST NAMES YOU HAVE USED</b>				
FIRST		MIDDLE		LAST
3. <b>REQUIRED: DATE OF BIRTH</b> (MM/DD/YYYY)		4. <b>REQUIRED: PHONE NUMBER</b> (INCLUDE AREA CODE)		5. EMAIL ADDRESS
6. SOCIAL SECURITY NUMBER		7A. <b>REQUIRED: VALID DRIVER'S LICENSE</b> OR STATE ID (WRITE NONE IF NONE)		7B. <b>REQUIRED: ISSUING STATE</b>
8. <b>REQUIRED: HAVE YOU LIVED IN ANY STATE OR COUNTRY OTHER THAN WASHINGTON STATE WITHIN THE LAST THREE YEARS (36 MONTHS)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. <b>REQUIRED: MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION</b>				
STREET		APT. NO.	CITY	STATE ZIP CODE
10. <b>REQUIRED: PHYSICAL ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF ADDRESS IS THE SAME AS YOUR MAILING ADDRESS)</b>				
STREET		APT. NO.	CITY	STATE ZIP CODE

**Section 2. Required: Self-Disclosure Questions** for ALL convictions and pending charges from any state or jurisdiction. You must answer Questions 11A through 14. Attach Page 2 if you have crimes or pending charges. **SEE INSTRUCTIONS.**

- 11A. Have you been convicted of any crime? If yes, complete Page 2, Section 3..... ☐ Yes ☐ No
- 11B. Do you have charges (pending) against you for any crime? If yes, complete Page 2, Section 4..... ☐ Yes ☐ No
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 ☐ No
13. 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 ☐ No
14. Has a court ever entered any of the following orders 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.

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 the box below 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 requesting my background check and those persons or entities 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.

15. <b>REQUIRED: SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.</b>	16. <b>REQUIRED: TODAY'S DATE (MM/DD/YYYY)</b>
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## Background Check Authorization

### List of Crimes and Pending Charges

This page **MUST** be attached to Page One of the Background Check Authorization form if 11A or 11B are marked "Yes."

**Important information about answering self-disclosure questions:** Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. It is recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.

<b>REQUIRED: PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO ID</b>			
FIRST:	MIDDLE:	LAST:	
<b>REQUIRED: DATE OF BIRTH (MM/DD/YYYY)</b>			
<b>Section 3. Question 11A.</b> If you check <b>YES</b> , you must enter the crime name, degree (if any), state, conviction date, and crime information.			
1. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
3. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
<b>Section 4. Question 11B.</b> If you check <b>YES</b> , you must enter the PENDING charge name, degree (if any), state, and crime information.			
1. CRIME NAME	DEGREE (IF ANY)	STATE	
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			

### Instructions for Completing the Background Check Authorization form, DSHS 09-653

These instructions provide general directions for completing the Background Check Authorization form. This form is used by multiple DSHS programs to meet varying background check needs. The DSHS oversight program requiring the background check may have additional instructions that you must follow.

**Important:** The requesting entity cannot submit your background check unless ALL required boxes are complete. Required boxes have the word "REQUIRED:" next to the box number. The requesting entity will submit your completed background check through the online Background Check System (BCS).

**This form is to be completed by the applicant, the person whose background DSHS is checking.**

BOX NO.	INSTRUCTIONS
1	Current Legal Name: List your first, middle, and last name as they are listed on your current Driver's License or other primary photo ID. Accepted government-issued photo ID includes any federal, state, or local government-issued ID, US military ID, US or foreign passport, or federally recognized tribal ID. Write <b>N/A</b> in each field that you do not have a name to enter.
2	Other Alias Names: Print all other first, middle, or last names you have used. Other names include nicknames, birth names, maiden names, etc. If you have not used any other first, middle, or last names, you must enter <b>N/A</b> in the appropriate box. Do not leave any of the boxes blank.
3	Print your date of birth listing the month, day, and year (MM/DD/YYYY).
4	Enter the daytime phone number, including area code, where you can be reached weekdays 8 AM to 5 PM.
5	Provide an email address where you can be reached.
6	You may choose to provide your Social Security Number. Your Social Security Number helps the Background Check Central Unit (BCCU) match your name and date of birth to existing records in our database and may speed up completion of your background check.
7A	Enter your Driver's License or state-issued ID number.
7B	The state where your Driver's License or ID was issued.
8	If you have continuously lived in Washington State without living in another state or country for the last three years (36 months), answer <b>NO</b> . If you have lived in any state or country other than Washington State within the last three years (36 months), answer <b>YES</b> .
9	Enter your mailing address where BCCU can send you confidential information such as a copy of your background check results.
10	Enter your street address if it is different than your mailing address. If you street address and mailing address are the same, enter <b>SAME</b> .
11A	You must check <b>YES</b> or <b>NO</b> . If you check <b>YES</b> , complete Page 2, Section 3, List of Crimes and Pending Charges, of the form by entering the crime name, degree (if any), state, and the conviction date (MM/DD/YYYY). Mark the correct other crime information box or <b>N/A</b> . If the crime was committed outside of Washington State, provide a brief description. If you need to list additional convictions, attach additional copies of Page 2, to the form. Include your name and all the required information listed above.
11B	You must check <b>YES</b> or <b>NO</b> . If you check <b>YES</b> , you must complete Page 2, Section 4, List of Crimes and Pending Charges, of the form by entering the pending charge name, degree (if any), and state. Mark the correct other crime information box or <b>N/A</b> . If the crime was committed outside of Washington State, provide a brief description. If you need to list additional pending charges, attach additional copies of Page 2, to the form. Include your name and all the required information listed above.
12 – 14	Read each question carefully before answering. You must check <b>YES</b> or <b>NO</b> . <b>Question 14: Permanent means the order was issued either following a hearing or by stipulation of the parties.</b>
15	Read the statements above and sign your name as it is listed in Box 1. If you are not 18 years old, a parent or guardian must sign for you.
16	Enter the month / day / year (MM/DD/YYYY) you signed Box 15.

**Important Information about Answering Self-Disclosure Questions (11A-14):** Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. Self-disclosures are reported as part of your background check result like any other background check history we receive. It is important that your answers to self-disclosure questions are accurate and consistent. It is strongly recommended that you answer self-disclosure questions the same way each time you complete the Background Check Authorization form unless the question has changed or the previous answer was wrong. It is also recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.

**Questions about the Background Check Process:** Contact the Background Check Central Unit (BCCU) by email [bccuinquiry@dshs.wa.gov](mailto:bccuinquiry@dshs.wa.gov) or phone at 360-902-0299.