

Blaine Senior Center Volunteer Application

All information provided is confidential.
Thank you for printing clearly.

Today's Date: _____

Name: _____ Female __ Male __
Last First M.I.

Address: (Mailing) _____
Street/Box # City Zip

Phone #: _____ Email: _____

Date of Birth: ____/____/____

Emergency contact: _____ Phone #: _____

Relationship (e.g. parent, friend): _____

Volunteer Job Opportunities (Please check those of interest):

- | | |
|--|---|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Meals on Wheels Driver
(Please provide Driver's License and proof of insurance) |
| <input type="checkbox"/> Board/Advisory Committee | <input type="checkbox"/> Music |
| <input type="checkbox"/> Building/Grounds Helper | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Bulletin Production | <input type="checkbox"/> Talks/Presentations |
| <input type="checkbox"/> Class Instructor | <input type="checkbox"/> Additional skills, hobbies or talents
you can share _____ |
| <input type="checkbox"/> Cleaning/Organizing | _____ |
| <input type="checkbox"/> Crafts/Decorating | _____ |
| <input type="checkbox"/> Dining Room Set Up | |
| <input type="checkbox"/> Fundraising/ <input type="checkbox"/> Grant Writing | |
| <input type="checkbox"/> Library | |
| <input type="checkbox"/> Office Support | |
| <input type="checkbox"/> Pancake Breakfast | |
| <input type="checkbox"/> Reception/Front Desk | |

Availability (Please check box) Time of day: _____

- | | | |
|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |

**CRIMINAL CONVICTION RECORD CHECK AUTHORIZATION AND DISCLOSURE
FORM (Pursuant to RCW 43.43.8340)
Child and Adult Abuse Information Act**

Blaine Senior Center's offer of volunteer employment is contingent upon you having a Criminal History Background check. Information on this form will be sent to the Washington State Patrol for verification.

Other names known by or used (Maiden, Alias, etc.):

List the states or countries in which you have lived over the last seven (7) years, including the years in which you lived in each:

DISCLOSURE FORM

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, location and the court(s) involved.

- 1. Have you ever been convicted of any crimes against children or other persons, as follows: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree assault of a child; first, second or third degree rape; first, second or third degree robbery; first, second or third degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation of minors; first or second degree misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future?**

☐ **Yes (explain below)** ☐ **No**

- 2. Have you ever been convicted of crimes related to the financial exploitation if the victim was a vulnerable adult as follows: first, second or third degree extortion; first, second or third degree theft; first or second degree robbery, forgery or any of these crimes as they may be renamed in the future?**

☐ **Yes (explain below)** ☐ **No**

- 3. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused a minor?**

☐ **Yes (explain below)** ☐ **No**

- 4. Have you ever been found by a court in any domestic relations proceeding under Title 26 RCW to have sexually abused or exploit any minor or to have physically abused a minor?**

☐ **Yes (explain below)** ☐ **No**

5. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

☐ Yes (explain below) ☐ No

6. Have you ever been found in any protection proceeding under Chapter 74 34 RCW to have abused or financially exploited a vulnerable adult?

☐ Yes (explain below) ☐ No

AUTHORIZATION

I certify that all information on this Criminal Conviction Record Authorization and Disclosure form is true to the best of my knowledge and that any misstatement of fact may result in my disqualification from consideration for volunteer activities and termination of my Blaine Senior Center volunteer activities. I swear under penalty of perjury under the laws of this State of Washington that the foregoing responses are true, correct and complete. I authorize Blaine Senior Center to do a criminal conviction record check. This release removes all liability in the criminal conviction record review and verification process.

Signature _____ Date _____

CRIMINAL CONVICTION RECORD CHECK AUTHORIZATION AND DISCLOSURE FORM

Disqualifying Convictions

If your record shows a conviction for the following crimes, you ARE automatically disqualified from consideration:

- ♦ Aggravated Murder
- ♦ Arson 1st Degree
- ♦ Assault 1st Degree
- ♦ Assault 2nd Degree
- ♦ Assault 3rd Degree
- ♦ Assault 4th Degree
- ♦ Assault of a Child 1st Degree
- ♦ Assault of a Child 2nd Degree
- ♦ Assault of a Child 3rd Degree
- ♦ Burglary 1st Degree
- ♦ Child Abandonment
- ♦ Child Abuse or Neglect as Defined in RCW 26.44.020
- ♦ Child Buying or Selling
- ♦ Child Molestation 1st Degree
- ♦ Child Molestation 2nd Degree
- ♦ Child Molestation 3rd Degree
- ♦ Communication with a Minor for Immoral Purposes
- ♦ Criminal Abandonment
- ♦ Criminal Mistreatment 1st Degree
- ♦ Criminal Mistreatment 2nd Degree
- ♦ Custodial Assault
- ♦ Custodial Interference 1st Degree
- ♦ Custodial Interference 2nd Degree
- ♦ Extortion 1st Degree
- ♦ Extortion 2nd Degree
- ♦ Extortion 3rd Degree
- ♦ Felony Indecent Exposure
- ♦ Forgery
- ♦ Incest
- ♦ Indecent Liberties
- ♦ Kidnapping 1st Degree
- ♦ Kidnapping 2nd Degree
- ♦ Malicious Harassment
- ♦ Manslaughter 1st Degree
- ♦ Manslaughter 2nd Degree
- ♦ Murder 1st Degree
- ♦ Murder 2nd Degree
- ♦ Patronizing a Juvenile Prostitute
- ♦ Promoting Pornography
- ♦ Promoting Prostitution 1st Degree
- ♦ Prostitution
- ♦ Rape 1st Degree
- ♦ Rape 2nd Degree
- ♦ Rape of a Child 1st Degree
- ♦ Rape of a Child 2nd Degree
- ♦ Rape of a Child 3rd Degree
- ♦ Robbery 1st Degree
- ♦ Robbery 2nd Degree
- ♦ Selling or Distributing Exotic Material to a Minor
- ♦ Sexual Misconduct w/ a Minor 1st Degree
- ♦ Sexual Misconduct w/ a Minor 2nd Degree
- ♦ Theft 1st Degree
- ♦ Theft 2nd Degree
- ♦ Theft 3rd Degree
- ♦ Unlawful Imprisonment
- ♦ Vehicular Homicide (Negligent Homicide)
- ♦ Violation of a Child Abuse Restraining Order

If your record shows a conviction for the following crimes, you MAY be disqualified from Consideration:

- ♦ Manufacture of a controlled substance
- ♦ Possession with the intent to manufacture a controlled substance
- ♦ Delivery of a controlled substance
- ♦ Possession with the intent to deliver a controlled substance

RELEASE AND WAIVER OF LIABILITY: By enrolling as a volunteer, I fully release and hold harmless the Blaine Senior Center, its directors, officers, employee and agents from any and all liability, claims or demands of any kind that arise or may arise from the services I provide. I also waive any claims I may have against the Blaine Senior Center that arise or may arise from the services I provide. I understand and acknowledge that this Release and Waiver discharges the Blaine Senior Center from any liability or claim I may have concerning bodily injury, illness, death or property damage that may result from the services I am providing.

_____ **Please initial here**

INSURANCE: Further I understand that the Blaine Senior Center does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of the participating entities.

_____ **Please initial here**

MEDICAL TREATMENT: I release and discharge the Blaine Senior Center from any claim that arises or may arise because any first-aid treatment or other medical services rendered to me during my tenure as a volunteer.

_____ **Please initial here**

ASSUMPTION OF RISKS: As a volunteer, I hereby expressly assume the risk of injury or harm from volunteer activities and release the Blaine Senior Center from all liability for injury, illness, death or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services.

_____ **Please initial here**

INFORMATION RELEASE AUTHORIZATION: I authorize the release of the information on this form to the Blaine Senior Center's Partner Agencies for my volunteer placement. I understand that the Blaine Senior Center will not release volunteer contact information to any other third parties without my permission.

_____ **Please initial here**

MEDIA/PHOTOGRAPHIC RELEASE: I hereby grant and convey unto the Blaine Senior Center all rights, title and interest in all photographs, images and video or audio recordings in connection with my providing volunteer services.

_____ **Please initial here**

DRUG FREE STATEMENT: The Blaine Senior Center is committed to providing a drug free, healthful, safe and secure work environment for employees and volunteers. Each employee and volunteer is expected and required to report to work in an appropriate mental and physical condition to perform his/her duties. The Blaine Senior Center prohibits the use, possession or sale of illicit drugs in the workplace or when conducting agency business. The Blaine Senior Center requires its employees and volunteers to be free from illicit drugs and to be free from the influence of alcohol or the influence of legal drugs where the potential for impairment or unsafe job performance is indicated. I understand this policy and agree to comply with it.

_____ **Please initial here**

Please sign and date this application form. This affirms you have read and understand the waiver and release; insurance and drug free statement on this form and that all above information is true to the best of your knowledge.

Volunteer Signature

Date

PARENT SIGNATURE REQUIRED FOR THOSE UNDER 18

I, _____ am the custodial parent/guardian of the above listed minor. I give permission for him/her to volunteer for the Blaine Senior Center and to participate in volunteer activities. I hold harmless the Blaine Senior Center for any injury or other situations that may result from my child's choice to serve as a volunteer in the community. Furthermore, I understand that in some volunteer situations parental or adult supervision may be required for my child to participate. I agree to hold the Blaine Senior Center harmless and give my child permission to participate in volunteer activities.

Parent Signature (required for volunteers under 18)

Date