



Volunteer Application

Name: _____

Email: _____

To be completed by all persons, who are not OIC employees, who wish to perform services in an OIC facility, including unpaid volunteers, community jobs/work experience persons, community service persons and persons performing court ordered service). People with disabilities who need assistance completing this application should notify HR.

Interests Volunteer tasks in which you are interested in performing (Please check selection)

___ No preference

___ Youth Programs

___ Clerical (Receptionist, office work, etc.)

___ Fundraising

___ Janitorial

___ Gardening

___ Kitchen

___ Food Bank

___ Event: _____

___ Other: _____

Reason you wish to volunteer (check selection)

___ Desire to help others

___ Court Order

___ Work Experience

___ Family members involved in activities

___ Probation Officer Referral

___ Other: _____

List two references (No family members, please)

Name _____

Name _____

Phone _____

Phone _____

Location: HBCC Food Bank (Hathaway)
Any

Other: _____ Please circle your
preference

Availability Days and hours that you are available for volunteer assignments:

___ a.m. to ___ p.m. Weekday mornings M T W Th F

___ p.m. to ___ p.m. Weekday afternoons M T W Th F

___ p.m. to ___ p.m. Weekday evenings M T W Th F

___ a.m. to ___ p.m. Weekend mornings Sat Sun

___ p.m. to ___ p.m. Weekend afternoons Sat Sun

___ p.m. to ___ p.m. Weekend evenings Sat Sun

Total number of hours you wish to volunteer

☐ Unlimited _____ Hours

How were you referred?

Special Skills or Qualifications Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports

Have you ever been convicted of a crime? ☐ Yes ☐ No

Have you ever had findings made against you in any civil adjudicative proceeding? ☐ Yes ☐ No

Have you ever had both a conviction and findings made against you? ☐ Yes ☐ No

If you answered YES to any of the above please give an explanation here

Please list any criminal charges, convictions or pending legal actions, along with dates of offenses. Also state if you have been subjected to any administrative action:

Background Check ID Information Please provide a copy of a valid WA State Driver's License or School ID

Name
First, Middle (required) Last _____
Other names you have used _____
Date of Birth _____
City, State, Zip Code _____
Home or Cell Phone _____

Previous Volunteer Experience Summarize your previous volunteer experience			
Are you interested in long-term employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Person to Notify in Case of Emergency			
Name			
Address			
Home Phone/ Cell Phone		Work Phone	
E-Mail Address			
Our Policy			
<p>It is the policy of this organization to provide equal opportunities without regard to race, sex, color, religion, national origin, gender identification, sexual orientation, age, veteran status, pregnancy, current or future military status, physical or mental disability, marital or familial status or any other status protected by law.</p> <p>Thank you for completing this application form and for your interest in volunteering with us.</p>			
EEO Statement			
<p>OIC provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, OIC complies with applicable state and local laws governing nondiscrimination in employment in every location in which OIC has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training. OIC is an EEO and provider of employment and training services. Auxiliary aids /services are available upon request to individuals with disabilities. For TTY relay call 1-800-833-6388</p>			

Agreement and Signature	
<p>By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.</p>	
Name (printed)	
Signature	
Date	
Parent's or Guardian's Approval and Signature (Required when the volunteer is less than 18 years old)	
<p>As the parent or guardian of the minor volunteering for service with OIC of Washington, I approve this service and give the Agency permission to conduct a Washington State Criminal Background Check for this person. I also attest I have received a copy of the WSP WATCH Pamphlet advising me of my rights.</p>	
Name (Printed)	
Signature	
Date	



For Internal Use Only: ☐ Employee ☐ Volunteer ☐ Program Participant

OIC of WA BACKGROUND CHECK
AUTHORITY FOR RELEASE OF INFORMATION

I, _____, authorize and give consent to OIC of WA to obtain background information about me, including the following:

- Criminal Background Check
- Personal Reference Checks
- Prior Experience Reference Checks
- WA State Driver's Abstract (when needed)

I authorize this information to be obtained by the Washington State Patrol (WSP) and communicated to OIC of WA in accordance with my employment or volunteer application. Any person, firm or organization providing information or records/ references in accordance with *and/or*, in addition to this authorization, is released from any claims of liability for compliance.

Please Complete All Sections: (Please Print Legibly)

Full Name: _____
(First) (Full Middle Name) (Last Name)

Previous Names/Maiden Name: _____

Current Address: _____

City/State/Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Signature: _____ Date: _____
Signature of Parent or Guardian if under the age of 18

For Internal Purposes Only:	
Please attach one of the following to this document and submit to the HR Department	
Valid WA State Driver's License	Valid WA State Identification Card
Valid WA State School ID	

Name of Authorized Requesting Staff: _____

Signature of Staff: _____

OIC Authorized Background Check Representative: _____

☐ Arcelia Gonzalez ☐ Isabel Olivas



Washington State conviction criminal history record information (CHRI) is available on the Internet using WATCH.

The release of conviction CHRI is permitted under the Washington State Criminal Records Privacy Act, Revised Code of Washington (RCW) 10.97.050 and under the Child and Adult Abuse Information Act, RCW 43.43.830-43.43.845. All criminal history background check responses include sex and kidnapping offender registration information.

Washington State Criminal Records Privacy Act RCW 10.97.050

Allows dissemination of all convictions and any arrests less than one year old pending disposition. Under Washington State law, conviction CHRI is available without restriction to anyone.

Child and Adult Abuse Information Act RCW 43.43.830-43.43.845

Provides an applicant's record of convictions and any pending crimes less than one year old for which the applicant is currently being processed by the criminal justice system. An

arrest is not a conviction or a finding of guilt. The conviction record data does not include information on civil adjudications, administrative findings, or disciplinary board final decisions – all such information must be obtained from the courts and licensing agencies. Responses are limited to Washington State records only. Background checks can be requested on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. Background checks may also be requested by a business or organization that qualifies for exemption under section 501 (c)(3) of the internal revenue code of 1986 (26 U.S.C. Sec. 501 (c)(3) and that provides emergency shelter or transitional housing for children, persons with developmental disabilities, or vulnerable adults. The background check is for initial employment or engagement decisions only. The requesting agency must notify the applicant of the Section's response. Background checks on existing employees should be done through the Criminal Records Privacy Act, RCW 10.97.

What is the cost of conducting a WATCH search?

WATCH allows search reports to be purchased with a credit card or by using an account established with the Washington State Patrol (WSP). An \$11 fee is charged for each name search, regardless of the result. Pursuant to RCW 43.43.830, non-profit organizations licensed in Washington State are exempt from payment requirements when they are performing searches of convictions for crimes against children or vulnerable adults on prospective employees or volunteers.

What are the WATCH results?

The search will result in one of the following:

- ◆ A NO RECORD or NO EXACT MATCH FOUND response, which means there is no conviction record in the WSP database that matches the search criteria used.
- ◆ A Candidate listing, which means there is a candidate list of records that matches or closely matches the search criteria used and the ability to immediately retrieve a transcript of record.
- ◆ A possible DUPLICATE MATCH indicating there may be two or more exact name and date of birth matches to the search criteria used. Please contact the Section at (360) 534-2000 (option 2) for further instructions.

Washington State statute (RCW 10.97.050) requires the WSP, Identification and Criminal History Section (Section), retain information about the dissemination, including subject of inquiry, the name of the person requesting the CHRI, and date of the search.

How can I conduct a search through WATCH?

WATCH can be accessed through any personal computer with access to the Internet. An account number may be established to receive a monthly billing invoice, or you may establish an on-line credit card account and use Discover, American Express, Visa, or MasterCard.

How do I establish an account?

An account application can be printed by accessing WATCH "Forms" on the Web site, contacting the Section at (360) 534-2000, or by sending an e-mail to watch.hlp@wsp.wa.gov. A completed application submitted to the Section will be processed within 7-14 days.

What are the limitations when conducting a search using WATCH?

WATCH search results are provided based on a name and date of birth match or close match to a name in the criminal history database.

Nicknames, former names, maiden names, and dates of birth will affect responses received.

Searches based on name and dates of birth are not always accurate.

Positive verification or non-verification of criminal history can be effected only upon receipt of fingerprints. Contact the Section for further information on fingerprinting fees and services.

The Section database may not contain **all arrests and dispositions** within the state of Washington. There may be instances when arrest offenses or court dispositions are not sent to the Section or instances when information may be pending data entry into the CHRI database. Additional information pertaining to an individual may be available at local criminal justice agencies.

Does WATCH provide nationwide information?

No. WATCH only provides Washington State conviction criminal history.

For further information, please contact the Section at (360) 534-2000.

**Washington State Patrol
Identification and Criminal History Section
PO Box 42633
106 11th Ave SW Suite 1300
Olympia, WA 98504-2633
(360) 534-2000
watch.hlp@wsp.wa.gov**

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Criminal Records Division
Identification and Criminal History Section
PO Box 42633
Olympia WA 98504-2633**



*WASHINGTON
ACCESS TO
CRIMINAL HISTORY*



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