



14594 SR 525, Langley, Washington 98260 \* 360-321-1600 / 360-678-3373 \* Fax: 360-321-9369

Dear Volunteer Applicant,

Thank you for your interest in volunteering in one of the many programs offered at Senior Services of Island County (SSIC). To become a volunteer for SSIC, you must complete the Volunteer Application process and receive notification of clearance from SSIC **before** participating in volunteer activities. Volunteer applicants must read, complete, and return the following documents:

1. **VOLUNTEER APPLICATION.** This form provides basic information about you and your volunteer interests. Remember to sign and date the application to indicate that all of the information is accurate and that you have read and understand the form. *Because SSIC deals with vulnerable adults and requires its volunteers to function independently without ongoing supervision, the only SSIC program that is able to support community service volunteers at this time is the Community Thrift Store.*
2. **WASHINGTON STATE PATROL (WSP) IDENTIFICATION AND CRIMINAL HISTORY BACKGROUND CHECK.** SSIC is required by law to perform background checks on all volunteer applicants through WSP. We request this information to obtain WSP records of any criminal convictions for felony crimes as well as any offenses against persons or civil adjudications of child/adult abuse. You will be notified by mail or email if the WSP report shows evidence of a criminal history background that will adversely affect your volunteer status.

**Please complete Sections C and D of this form:**

- Section C: Include any maiden or former names and nicknames.  
**DO NOT INCLUDE YOUR SOCIAL SECURITY NUMBER.**
  - Section D: Sign and date the form to indicate that the information you provide is accurate.
3. **DISCLOSURE FORM.** Washington State Law requires applications for prospective volunteer positions to complete this form. It provides information about any past or current criminal or civil offenses. It also gives SSIC permission to conduct the background check. **The background check is free to you.**
    - Please answer each question completely and truthfully. Add an extra sheet of paper if necessary.
    - Sign and date the form to indicate that the information you provided is accurate.
  4. **COPY OF PHOTO IDENTIFICATION.** Washington State Driver's License. This helps to verify your identity in the WSP background check process. SSIC can make a copy of your photo ID for you. Faxed copies will not be accepted.
  5. **COPY OF AUTOMOBILE INSURANCE.** This is required **only for** certain volunteer positions, such as **Meals-on-Wheels driver or Medical Transport driver.** If applying for either of these positions, please attach this to your application and complete the special sections in the application for these volunteer positions. SSIC can make a copy of your automobile insurance for you.
  6. **COPY OF AUTOMOBILE REGISTRATION.** This is required **only for Medical Transport driver.** If applying for this position, please attach this to your application. SSIC can make a copy of your automobile registration for you.

**APPROVAL PROCESS:** If you provided an email address on your application, you will receive an email when your application is approved. The approval process can take up to two weeks from the time you submit your application. One approved, your name is added to the approved volunteers' database, which all programs have access to. Your Program Director will distribute a volunteer badge to you once you are approved. *Approved applicants are permitted to volunteer in all SSIC programs for two (2) years. After two years, you must reapply. You will receive notification that it's time to reapply when you are approaching your volunteer approval expiration date.*

If you have any questions regarding the clearance process, feel free to contact the Volunteer/Event Coordinator at 360-321-1600, extension 22 or email [volunteer@islandseniorservices.org](mailto:volunteer@islandseniorservices.org). Thank you.

South Whidbey Office  
14594 SR 525  
Langley WA 98260  
360-321-1600

Oak Harbor Office  
51 SE Jerome St  
Oak Harbor WA 98277  
360-675-0311

Camano Office  
606 Arrowhead Rd  
Camano Island WA 98282  
360-387-6201

Cambey Apartments  
50 N. Main St  
Coupeville WA 98239  
360-678-4886

Community Thrift  
5518 Woodard Ave  
Freeland WA 98249  
360-331-5701



A United Way Agency  
[www.islandseniorservices.org](http://www.islandseniorservices.org)

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**Meal Site Applicants: Check one**

- South Whidbey Center   
  CamBey Apartments   
  Brookhaven   
  Whidbey Free Evangelical Church  
 Coupeville   
  Oak Harbor Senior Center   
  Camano Senior Community Center

## Volunteer Application

PLEASE PRINT LEGIBLY

**1. Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Gender:     Male     Female    Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Date: \_\_\_\_\_ Best Time to Contact: \_\_\_\_\_

**2. Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**3. Employment History**

Employment Status:     Full-Time     Part-Time     Student     Retired     Unemployed

| Company | Position | From | To | Reason for Leaving |
|---------|----------|------|----|--------------------|
|         |          |      |    |                    |
|         |          |      |    |                    |

**4. Volunteer Experience**

| Organization | Your Role | From | To | Reason for Leaving |
|--------------|-----------|------|----|--------------------|
|              |           |      |    |                    |
|              |           |      |    |                    |

**5. Background**

| School  | Name of School | Course/Degree | Date Attended | Graduated?   |
|---------|----------------|---------------|---------------|--|
| College |                |               |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other   |                |               |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**6. What volunteer opportunity are you interested in? (If multiple, prioritize using 1, 2, 3 ...)**

**Office** (South Whidbey Center)

- Reception   
  Bulk Mailings   
  Filing/Organizing   
  Receptionist Floater

**Activities** (South Whidbey Center/Other)

- Guide/Poster Distribution   
  Special Events   
  Music   
  Travel Escorts  
 Program Developer   
  Garden & Landscape Developer

**Community Thrift Store** (Freeland)

- Displaying Donations
- Grounds Maintenance
- Cashiering
- Pricing Donations
- Sorting Donations
- eBay/Craig's List
- Testing Donations

**Meals on Wheels & Dining Rooms: Nutrition Program** (Meal Sites)

- Meals-on-Wheels Driver
- Meal-Sites Jobs:
- Meal-Site Locations:
- Kitchen Helper
- Meal-Site Helper
- Brookhaven
- Whidbey Free Evangelical Church
- Coupeville
- Adopt-a-Route
- Meal-Site Greeter
- CamBey Apartments
- Camano Senior Community Center
- Meal-Site Dishwasher
- South Whidbey Center
- Oak Harbor Senior Center

**Time Together Adult Day Services** (South Whidbey Center)

- Provide Companionship
- Assist Participants with Personal Care
- Support Activities
- Art Projects
- Physical Exercise

Why are you interested in volunteering with Time Together? \_\_\_\_\_

What experience do you have working with special needs/vulnerable seniors and/or people with dementia? \_\_\_\_\_

What special skills/abilities do you bring to this volunteer experience? \_\_\_\_\_

**Building Maintenance Services** (South Whidbey Center)

- Painting
- Gardening
- Special Maintenance Services

**Volunteer Services** (Coupeville/Other)

- Transport/Escort
- Shopping/Errands
- Wood Provision
- Laundry
- Housework
- Cooking
- Yard Care
- Household Repairs

**7. What are your reasons for volunteering?**

- Academic credit
- Support the cause
- Learn new skills
- Stay active
- Social interaction
- Employment skills
- Share my skills
- Other: \_\_\_\_\_

**8. What skills and experience would you bring to your volunteer role?**

- Internet
- Public Speaking
- Board of Directors
- Musician
- Fundraising
- Experience supporting people with special needs
- YouTube
- Teaching
- Website
- Travel
- Office
- Social Media
- Microsoft Word
- Retail
- Event Planning
- Foreign Language
- Experience supporting people with dementia
- Organizational Skills
- Microsoft Excel
- Artist
- Marketing
- Hobbies/Crafts

**9. Availability:** Days/Times: \_\_\_\_\_

**10. How did you hear about SSIC?**

- Job description
- Thrift Store Bulletin Board
- Drew's List
- School
- Ad/poster
- SSIC client
- United Way
- Newspaper
- SSIC website
- Referral by friend
- Whidbey MarketPlace
- Other: \_\_\_\_\_
- South Whidbey Center
- Referral by volunteer

**11. Are there any physical disability accommodations that you require?**

**12. List two references: Past/present employers, teachers, volunteer supervisors.**

| Name | Relationship | Phone Numbers |
|------|--------------|---------------|
|      |              |               |
|      |              |               |

I hereby authorize Senior Services of Island County (SSIC) to contact the above-named, and I hereby release them and their company from all liability for any damage. I further authorize SSIC to maintain this information in its records and absolve SSIC from liability. Disclaimer: It is the policy of SSIC to screen all prospective volunteers. While SSIC tries to place every applicant, it reserves the right to select applicants according to its needs and criteria. Thank you for your interest. We appreciate your desire to volunteer.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental Consent** (for those under 18 years of age)

I give \_\_\_\_\_ my consent to work as a volunteer for SSIC. I understand that my child will be provided with orientation and training necessary for the safe and responsible performance of duties and will be expected to meet the requirements of the position.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Request for Affirmative Action**

You are not required to complete this section. The information will be used for statistical record keeping only.

1. What race or ethnic origin do you consider yourself to be a part of?

- Caucasian                       American Indian/Alaska Native                       Black/African American  
 Hispanic                       Asian/Pacific Islander

2. Do you have any physical, sensory, or mental impairment that substantially limits one or more life activities (such as, walking, seeing, hearing breathing or learning)?  Yes  No

**Please Read and Sign  
Volunteer Confidentiality Agreement**

As a volunteer for Senior Services of Island County, I realize that I might be exposed to confidential information that is part of a client's personal life. I hereby agree that observing client confidentiality is a condition for being a volunteer for Senior Services of Island County. I will not discuss a client's information with anyone other than my program supervisor and only if I feel it is necessary for the health and/or for safety of the client or other persons.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

SSIC is committed to ensuring current and future employees and clients are treated fairly and equally without regard to gender, race, ethnicity, age, disability, sexual orientation, veteran status, marital status, or religious or political affiliation.

**Meals-On-Wheels Driver And Medical Transport Escort Applicants ONLY**

Please complete the following page ONLY if you are applying for a Meals-On-Wheels driver or Medical Transport driver. **NOTE: You will need to supply: (1) a copy of your Washington State Driver's License and (2) a copy of your automobile insurance for either driver position. If applying for a Medical Transport Driver position, you also will need to supply (3) a copy of your automobile registration.**

While using your personal vehicle for volunteer service on behalf of SSIC, you are eligible for secondary automobile accident and liability insurance. **Please designate below the name or names of beneficiaries in case of death benefit claims.**

Please complete the following:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Driving Information**

**1. Vehicle Information of vehicles to be used to transport clients or deliver meals:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate \_\_\_\_\_

Automobile Insurer: \_\_\_\_\_

Automobile Insurer: \_\_\_\_\_

**2. Have you been involved in any at-fault accidents in the past three years?**  Yes  No

If yes, please explain: \_\_\_\_\_

**3. Do you take any medications that could adversely affect your driving ability?**  Yes  No

**4. Do you have any mental, physical, or emotional conditions that adversely affect or might adversely affect your driving?**  Yes  No

If yes, please explain: \_\_\_\_\_

**5. Do you want to be reimbursed for out-of-pocket expenses while volunteering?**  Yes  No

**Volunteer Vehicle Operator Certification**

As a Senior Services of Island County volunteer driver, I hereby certify that:

1. I am licensed to drive in the state of Washington, and I will keep that licensing current while servicing as a volunteer with the Volunteer Services program.
2. The vehicles I will drive as a volunteer are in good mechanical/operating condition, including the following items: seat belts, tires, brakes, lights, glass, steering, heating, defroster, and doors.
3. I will continue to maintain those vehicles in good mechanical/operational condition.
4. The state registration for the vehicles I will use are and will remain current.
5. If I use my personal automobiles in my volunteer service, I will keep in effect the following amounts of automobile liability insurance (as required by Washington state):
  - \$25,000 bodily injury each person
  - \$50,000 bodily injury each accident
  - \$10,000 property damages
6. I understand my responsibility to use seat belts and to enforce the use of seat belts by client passengers.
7. I will NOT smoke when transporting clients.
8. All of the above conditions will continue to be met or maintained during my tenure as volunteer and recipient of mileage reimbursement under these programs.

Volunteer Signature

Date

**DISCLOSURE FORM**  
**ALL APPLICANTS MUST COMPLETE THIS FORM**

**Name:** \_\_\_\_\_  
(Print) Last Name First Name MI

1. **Have you ever been convicted of any crime against children or other persons?** *RCW 43.43.830*  
(5) "Crime against children or other persons" means a conviction of any of the following offenses: 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 rape of a child; first or second degree robbery; first 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 RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree sexual 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  No If yes, explain: \_\_\_\_\_
2. **Have you ever been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?** *RCW 43.43.830* (6) "Crimes relating to financial exploitation" means a conviction for first, second, or third degree extortion; first, second, or third degree theft; first, second, or third degree robbery; forgery; or any of these crimes as they may be renamed in the future. *RCW 43.43.830* (9) "Vulnerable adult" means "vulnerable adult" as defined in chapter 74.34 RCW, except that for the purposes of requesting and receiving background checks pursuant to RCW 43.43.832, it shall also include adults of any age who lack the functional, mental, or physical ability to care for themselves. *RCW 74.34.020* (8) "Vulnerable adult" means a person sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself. *RCW 43.43.830* (10) "Financial exploitation" means the illegal or improper use of a vulnerable adult of that adult's resources for another person's profit or advantage.  Yes  No If yes, explain: \_\_\_\_\_
3. **Have you ever been convicted of crimes relating to drugs under RCW 43.43.830(6)?** "Crimes relating to drugs" means a conviction of a crime to manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance.  Yes  No If yes, explain: \_\_\_\_\_
4. **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 any minor?**  Yes  No If yes, explain: \_\_\_\_\_
5. **Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?**  
 Yes  No If yes, explain: \_\_\_\_\_
6. **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  No If yes, explain: \_\_\_\_\_
7. **Have you ever been found by a court of law in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?**  Yes  No If yes, explain: \_\_\_\_\_
8. **Have you ever been convicted of crimes relating to the consumption of alcohol, including drunken driving, driving under the influence, or driving while intoxicated?**  Yes  No  
If yes, explain: \_\_\_\_\_
9. **Have you ever been convicted of any crime involving a motor vehicle?**  Yes  No If yes, explain: \_\_\_\_\_

I declare, under the penalty of perjury under the laws of the State of Washington, that the statements above are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date