City of Pullman

# Dear Neighbor Project
# Volunteer Application

Date application completed: _____

**Volunteer's Name**: _____ _____ _____
**First** **Middle** **Last**

**Date of Birth**: Mo:_____ Day:_____ Yr of Birth:_____ Sex: _____

Address _____

City _____ State_____ Zip Code_____

Phone _____ ⬜Hm ⬜Cell Email
_____

Employer/School/Group Affiliation: _____

## Volunteer preferences:

Pen Pal: ☐ Weekly ☐ Monthly ☐ Holidays ☐ As needed

Companion: ☐ Phone calls ☐ In-home visits

What are your hobbies and interests? _____

_____

What do you hope to get out of the Dear Neighbor program?_____

_____

Languages you speak other than English: _____

Other notes about your availability (time of day, schedule) _____

## Reference (not a relative):

Name_____ Phone _____

Address _____City_____ State_____

## Emergency Contact:

Name_____ Relationship _____

Phone _____ ⬜Hm ⬜Cell Location_____

## Volunteer Agreement & Confidentiality Clause

The principle of confidentiality is basic to the maintenance of professional ethics and community respect. All board members and volunteers have a set of ethical responsibilities by which they are bound to the client, the agencies, the community and themselves. These clients act in good faith, expecting their circumstances and personal matters to remain confidential; We are obligated by law and ethics to reciprocate. Confidentiality of client information is maintained for the protection of the client. All volunteers will take responsibility for protecting the confidentiality of all clients. All written and unwritten information concerning the clients are considered to be confidential. Any concerns about their health, living situation, etc., that may be noticed when volunteering may be shared only with a Dear Neighbor Coordinator.

## Washington State Patrol Background Check

Pursuant to Revised Code of Washington (RCW) 43.43.830 – 845, businesses or organizations providing services to children, developmentally disabled persons, and vulnerable adults need adequate information to determine which employees or contractors to hire (or to engage as volunteers). Pullman Community Council on Aging therefore needs to conduct background checks on all volunteers. As such, this form is your authorization for PCCoA to conduct a Washington State Patrol background check on you. This background check does not cover minor offenses such as traffic tickets, etc. but is limited to searching for severe offenses of record and is intended as a protection for both you and PCCoA clients. There is no charge to you for this background check.

I hereby declare that I have not been:

a) convicted of any crime against children or other persons;
b) convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
c) convicted of crimes related to drugs as defined in RCW 43.43.830;
d) 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;
e) found by a court in a domestic relation proceeding under title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;
f) 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;
g) found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct and authorize the Pullman Community Council on Aging to perform this criminal background check. The request is made pursuant to and only for the purpose indicated.

I understand and agree to follow the above confidentiality policy and procedures. I am aware that any breach of confidentiality will result in immediate termination of my activities as a volunteer with PCCoA.

I understand and accept the risk of injury or illness arising from my volunteer work with Pullman Community Council on Aging and hereby release and agree to hold free from all claims for damages PCCoA and its respective officers, directors, and employees.

As a Senior Chore Service volunteer, I also agree to adhere to the practices stated in the SCS Volunteer Handbook. I understand that failure to adhere to any part of this code may result in suspension from my volunteer duties and/or termination of my volunteer relationship with PCCoA.

_____ _____

Signature of volunteer Date