



APPLICATION FOR VOLUNTEERS

Full Name: _____

Today's Date: _____ Primary Phone: _____

Address: _____ Secondary Phone: _____

_____ Email Address: _____

Highest Degree Obtained: _____ School: _____

Are you at least 18yrs old? _____ Current Employer: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

REFERENCES

Name: _____ Relationship: _____

Email Address: _____ Primary Phone: _____

Length of Time Known: _____

Name: _____ Address: _____

Occupation: _____

Length of Time Known: _____ Phone (Mandatory): _____

AVAILABILITY

Please indicate the date and times you are available to volunteer.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

Volunteer interests

1. Please list any professional trainings, skills and hobbies:
2. Community affiliations:
3. Why would you want to volunteer?
4. How did you hear about our volunteer program?

Additional Information:

1. Do you have history of addiction? If yes please explain.
2. Have you ever been convicted of a crime or felony? If yes please explain.
3. Have you been released from prison during the last 7 years? If yes, please explain:

COMMITMENT STATEMENT

I am volunteering my services to Valley Residential Services solely for my personal purposes or benefit without promise or expectation of compensation or benefits. I understand and agree that in the performance of my duties as a volunteer at Valley Residential Services, I must abide by all policies and procedures, including but not limited to the confidentiality and drug-free workplace policy. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

The information I have given on this application is, to the best of my knowledge, accurate and truthful. I understand that falsifying this application is grounds for disqualification from any volunteer opportunities.

Applicant Print Name

Applicant Signature

Date

Continues on next page.....



DRUG FREE WORKPLACE POLICY

PLEASE READ AND SIGN THIS FORM

Valley Residential Services maintains that an alcohol and drug free workplace is necessary for the safety of clients, employees, and the general public. VRS recognizes alcohol and drug dependency as an illness and a major health problem. However, the presence of alcohol and / or drugs in the workplace constitutes safety risk and will not be tolerated.

Employment with VRS will be contingent upon the satisfactory result of a drug test prior to hiring. All employees will be subject to random alcohol / drug testing without cause. The cost of testing will be paid by the agency. All results will be held strictly confidential.

This problem is not intended to violate individual rights. It is intended to provide for an alcohol and drug free environment that promotes safety and enhances the performance of the responsibilities assigned to employees. A complete copy of the VRS drug free workplace policy is available at the administrative office.

IF YOU DO NOT WANT TO TAKE THIS PRE-EMPLOYMENT TEST

YOU SHOULD WITHDRAW YOUR APPLICATION.

I hereby give my consent to any doctor, technician, hospital, VRS manager or testing laboratory to conduct the required drug testing (including my giving of a urine specimen) and to have the drug test results be released to Valley Residential Services.

Applicant Print Name

Applicant Signature

Date



STATEMENT OF EQUAL OPPORTUNITY

It is the intent of Valley Residential Services to employ the most suitable qualified persons available. The tenure of every employee shall depend upon the need of the work performed, the availability of funds, effective performance, good conduct, and continuing fitness for the position. Each employee shall be expected to perform at an optimal level.

Equal opportunity employment will assure that no appointment, promotion, dismissal, or discipline affecting any position in the agency shall be influenced negatively because of race, color, creed, religion, national origin, age, gender, presence of any sensory, mental or physical disability, including HIV/AIDS conditions, use of a trained dog guide or service animal by a person with a disability, marital status, disable status or Vietnam era status, sexual orientation, and any other reason prohibited by law.

Valley Residential Services will provide qualified applicant and employees with disabilities with reasonable accommodations that do not impose undue hardship.

If you believe you have been discriminated against you may file a complaint with the Valley Residential Services Affirmation Action Officer or contact an Equal Employment Opportunity Commission field office by calling 1-800-669-3362.



Consent for Reference Check

Valley Residential Services has my consent to contact my personal references.

Signature

Date

Print Name



APPLICANT DISCLOSURE STATEMENT

1. Have you ever been convicted of a crime against children or other persons?
Yes _____ No _____
2. Have you ever been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?
Yes _____ No _____
3. Have you ever been convicted of crimes related to drugs?
Yes _____ No _____
4. Have you ever been found in any dependency action to have sexually assaulted, exploited, or physically abused any minor?
Yes _____ No _____
5. Have you ever been found by a court in a domestic relation proceeding to have sexually or physically abused or exploited any person?
Yes _____ No _____
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 _____
7. Have you ever been found by a court in a protection proceeding to have abused or financially exploited a vulnerable adult?
Yes _____ No _____

I certify, under penalty of perjury that the foregoing information is true, complete and correct. I understand that any omission or misstatement of fact may be cause for dismissal from the position for which I am applying.

Applicant Signature

Applicant Print Name

Date



REQUEST FOR INFORMATION

The information on this form is requested so that this agency can maintain compliance with the Non-discrimination Plan of the State of Washington.

This information will be used for recordkeeping and reporting requirements for the administration of civil rights laws and regulations.

Completion of this form is voluntary. Should you choose not to furnish this information, the agency will make a "visual inventory: to obtain data.

No adverse action will result from failure to furnish requested information.

This information will be kept confidential and separate from personnel files.

Data will be available only to a civil rights complaint investigator. Otherwise the data will be releases only in summarized version and will not identify any specific individual.

DATE: _____

NAME: _____

GENDER: ___ MALE ___ FEMALE

RACE / ETHNICITY:

___ HISPANIC or LATINO

___ WHITE

___ AFRICAN AMERICAN

___ NATIVE HAWAIIAN or PACIFIC ISLANDER

___ ASIAN

___ AMERICAN INDIAN or ALASKA NATIVE

___ TWO or MORE RACES

___ Other (Please explain)

List any handicapping disability:

FOR ADMINISTRATIVE OFFICE USE ONLY:

Visual inventory conducted:

Agency Representative



AUTHORIZATION FOR BACKGROUND INQUIRY

I hereby authorize Valley Residential Services to request information relating to my background. I understand that such inquiry may be to federal and / or state law enforcement agencies, that I will be notified of each response, and that a copy of each response will be available to me upon request.

I attest, under penalty of perjury, that the information I have provided on the attached Disclosure Statement is true and accurate to the best of my knowledge.

Signature of Applicant

Date

Printed Name of Applicant

Mailing Address: _____

