



What previous volunteer experiences have you had?

What experiences have you had in working with elderly persons with disabilities or people in vulnerable situations?

Do you have any special training or certifications?

Do you have any history of sexual or violent offense against others?

YES

NO

Any language fluency other than English? \_\_\_\_\_

How much time would you like to volunteer? \_\_\_\_\_ Hours/week \_\_\_\_\_ hours/month

**When are you available to volunteer? (Check all that apply; specify times, if needed)**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

Do you prefer to work: Directly with participants  Indirectly with participants

**What kind of volunteer activities are you interested in? Please check all that apply.**

- Assist with activity groups
- Lead group activities
- Arts and crafts
- Provide entertainment (music, singing, presentation)
- Share a special skill/talent (chair yoga, meditation, Zumba, etc.)
- Cleaning or maintenance work/small repairs
- Yard or garden work
- Making birthday or holiday cards
- Office/administrative tasks
- Collecting donated items; coordinating donation drive
- Fundraising events/event coordination
- Cooking and nutrition education classes
- Sewing/mending

**Please include any other notes regarding volunteer activities:**

**REFERENCES**

Work, volunteer, school or personal references (excluding family members or spouse/partners) are acceptable.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY CONTACT**

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

**Consent to Medical Care:** "I hereby authorize Full Life Care to seek medical attention in case of emergency."

Signature:  X  \_\_\_\_\_

Parent / Guardian  
Signature (if under 18):  X  \_\_\_\_\_

*I certify that the information on this application is true and complete to the best of my knowledge. I understand that this information is confidential within Full Life Care.*

Signature:  X  \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian  
Signature (if under 18):  X  \_\_\_\_\_ Date: \_\_\_\_\_



# Full Life

## Criminal History Disclosure

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

Policy: \_\_\_\_\_

All prospective Full Life Care employees and volunteers will be subject to a criminal history background check. Full Life Care will not hire persons who have committed crimes against children or vulnerable adults. As part of the application process, you are required to disclose criminal history in writing. Please answer the following questions by checking "yes" or "no."

Have you ever:

Yes  No  been convicted of any crime against children or other persons?

Yes  No  been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?

Yes  No  been convicted of crimes related to drugs as defined in RCW 43.43.830?

Yes  No  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  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  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  been found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

### Washington State Patrol and/or Department of Social and Health Services (DSHS) background check

Please provide as much information as possible. Name and date of birth are mandatory.

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Alias/Maiden Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Birthdate: \_\_\_\_\_

Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

By signing this document, I swear, under penalty of perjury, that I have truthfully disclosed all information pertaining to criminal history. I give Full Life Care permission to perform a background check as required by the Child/Adult Abuse Information Act RCW 43.43.830 through 43.43.845.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_