



CANCER CAN'T, CATHOLIC CHARITIES &
VOLUNTEER CHORE SERVICES

cancer  CAN'T



Thank you for helping drive cancer patients!

Before returning this packet, please be sure that all three sections
of the packet have been completed.

- Volunteer Registration Form
- Disclosure Statement
- Background Investigation Consent Form

Please return completed packet to Emily Grankowski, Outreach Director

Scan and email to emily@cancercant.com

Or mail to Cancer Can't at

P.O. Box 336

Four Lakes, WA 99014



CANCER CAN'T, CATHOLIC CHARITIES & VOLUNTEER CHORE SERVICES



VOLUNTEER REGISTRATION FORM

Name: _____ Phone: _____ (home) _____ (cell) _____ (work)

Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ Optional- Gender: _____ Ethnicity: _____

Occupation: _____ E-Mail: _____

If you will be using your car at any time as a volunteer, it is necessary for our office to record the following information:

- a. Valid driver's license? [] Yes [] No
If yes, please list driver's license number: _____ State: _____
b. I have at least the minimum auto insurance required by the State of Washington (\$25,000 liability per person, \$50,000 liability and \$10,000 property damage per occurrence.) [] Yes [] No If yes, please list insurance company name: _____

Have you ever been convicted of a felony? [] Yes* [] No
*An affirmative answer does not necessarily bar you from volunteer work.

Because our clients are designated by the State as a vulnerable population, all volunteers are required to authorize a records check by the Washington State Patrol. Please complete Section C and the Applicant Information portion of Section D (Signature required) on the attached form and return it with your registration. You will be notified of the results of the State Patrol Check.

I would like to help with the following tasks:
[] Transportation

I am available to volunteer:

- How Often? [] Weekly [] Twice a Month [] Monthly
Times of Day? [] Mornings [] Afternoons [] Evenings [] Days/Times Available
Preferred Assignment? [] Ongoing Client [] Short-Term Client [] No Preference

I prefer to volunteer in the following geographical area(s) No preference/any area
 Spokane Valley Northwest Spokane Northeast Spokane
 South hill Downtown area Other _____

Are you willing to travel outside of the county*? Yes No
* Applies to volunteers who will be driving for Special Mobility Services; all other VCS volunteer work will be within Spokane County

Are you fluent in another language? Yes No
If yes, please specify: _____

Do you have any physical limitations? Yes No
If yes, please specify: _____

Do you have any allergies? Yes No
If yes, please specify: _____

Emergency Contact _____ Relationship: _____ Phone: _____

It is necessary for our office to have three references on file (please do not list relatives). Please fill out completely:

Name: _____ Phone: _____
(home) (cell) (work)

Address: _____ City: _____ Zip Code: _____

Name: _____ Phone: _____
(home) (cell) (work)

Address: _____ City: _____ Zip Code: _____

Name: _____ Phone: _____
(home) (cell) (work)

Address: _____ City: _____ Zip Code: _____

Additional
Comments: _____

How did you hear about
Volunteer Chore Services? _____

Signed: _____ **Date:** _____



VOLUNTEER DISCLOSURE STATEMENT

To comply with the requirements of the Revised Code of Washington, we must ask you to complete the following disclosure statement.

<p>1. Have you ever been convicted of a crime against persons? <input type="checkbox"/> Yes <input type="checkbox"/> No (See list of applicable convictions on back.)</p> <p>If yes, please describe and provide the date(s) of trial(s), conviction(s), and the sentence(s) imposed, if any.</p>
<p>2. Have you ever been convicted of a crime related to financial exploitation? <input type="checkbox"/> Yes <input type="checkbox"/> No (See list of applicable convictions on back.)</p> <p>If yes, please describe and provide the date(s) of trial(s), conviction(s), and the sentences(s) imposed, if any.</p>
<p>3. Have you ever been convicted of a crime related to drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No (See list of applicable convictions on back.)</p> <p>If yes, please describe and provide the date(s) of trial(s), conviction(s), and the sentences(s) imposed, if any.</p>
<p>4. Have you ever been found in a dependency action, domestic relations proceeding, or disciplinary board final decision to have sexually abused, assaulted, or exploited any minor, or to have physically abused any minor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:</p>
<p>5. Have you ever been found in any disciplinary board final decision to have abused a vulnerable adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:</p>

I understand that as a volunteer of CCS/CHS, the agency will complete a background check on me through the Washington State Patrol and the National Sex Offender Registry. I further understand that there may be additional background checks required depending on the program.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am selected for volunteer work, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am selected for volunteer work, my selection is conditioned on receipt of a satisfactory report from the background checks completed on me.

Signature

Date

Please print exact legal name

Maiden name or any name by which you have been known

