

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
- Background Investigation Consent Form
- Disclosure Statement

Please return completed packet to Sally Schwartz, Transportation Liaison for Cancer Can't:

Scan and email to sally@cancercant.com

Or mail to Cancer Can't at

P.O. Box 336

Four Lakes, WA 99014

cancer  CAN'T



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:** _____

BACKGROUND INVESTIGATION CONSENT

I, _____, authorize *Catholic Charities* and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment or as a volunteer now and, if applicable, during the tenure of my employment or as a volunteer with *Catholic Charities*.

I release *Catholic Charities* and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed)

Maiden Name or Other Names Used

Present Address City State Zip How Long?

FORMER ADDRESS City State Zip How Long?
(Please provide 7 years of address history. Use back of page if necessary)

*Date of Birth Social Security Number Driver’s License Number State of License

Signature

Date

*Note: The above information is required for identification purposes only, and is in no manner used as qualifications for employment or volunteering. *Catholic Charities* is an Equal Opportunity Employer and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), handicap or National Origin.



CANCER CAN'T, CATHOLIC CHARITIES & VOLUNTEER CHORE SERVICES



DISCLOSURE STATEMENT

Full Legal Name _____

Other Names Used _____

Social Security Number _____

Pursuant to the requirements of 1987 Washington Laws Chapter 486, we must ask you to complete the following disclosure statement. This information will be kept confidential.

1. Have you ever been convicted of any of the following crimes against person(s):

Yes	No		Yes	No	
_____	_____	Aggravated murder	_____	_____	Second-degree statutory rape
_____	_____	First-degree murder	_____	_____	Third-degree statutory rape
_____	_____	Second-degree murder	_____	_____	First-degree robbery
_____	_____	First-degree kidnapping	_____	_____	Second-degree robbery
_____	_____	Second-degree kidnapping	_____	_____	First-degree arson
_____	_____	First-degree assault	_____	_____	First-degree burglary
_____	_____	Second-degree assault	_____	_____	First-degree manslaughter
_____	_____	Third-degree assault	_____	_____	Second-degree manslaughter
_____	_____	First-degree rape	_____	_____	First-degree extortion
_____	_____	Second-degree rape	_____	_____	Second-degree extortion
_____	_____	Third-degree rape	_____	_____	Indecent liberties
_____	_____	First-degree statutory rape	_____	_____	Incest
_____	_____	First-degree promotion	_____	_____	Simple assault
_____	_____	prostitution	_____	_____	First-degree criminal
_____	_____	Communication with a minor	_____	_____	mistreatment
_____	_____	Vehicular homicide	_____	_____	Second-degree criminal
_____	_____	Unlawful imprisonment	_____	_____	mistreatment
_____	_____	Sexual exploitation of minors	_____	_____	Or any crimes of like nature

If your answer is “yes” to any of the above, please describe and provide the date(s) of the convictions and the sentence(s) imposed.

2. Have you ever been found to have sexually assaulted or exploited a minor, or to have sexually abused a minor in a Dependency Action, a Domestic Relations proceeding, or Disciplinary Board Final Action?

_____ Yes _____ No

If your answer is “yes”, please describe and provide the date(s) of the finding(s) and the penalty(ies) implied.

3. Have you been convicted of any crime in the past seven years?

_____ Yes _____ No

If your answer is “yes”, please describe details: _____

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand my service is dependent upon a satisfactory report from the Washington State Patrol to Volunteer Chore Services. We will make a copy of the WSP report available to you upon your request.

Applicant Signature _____

Printed Name _____

Date _____