



Volunteer Enrollment Application

Please Print Legibly in Blue or Black Ink

1526 Commerce, Longview WA 98632
360-425-3430 Fax: 360-414-8974
lowercolumbiacap.org

Name: _____

Phone: _____ Cell: _____

Mailing address: _____

City/State **/Zip: _____

Male Female

Email: _____ Birth Date: _____

Served in US Military? Yes No

Emergency Contact: _____
Phone: _____

If bilingual, what language(s) do you speak? _____

Education/Training/Skills: _____

Employment Experience: _____

If currently volunteering, please provide details: _____

Drivers License number and expiration: _____

Do you have physical/medical limitations? _____

** OREGON Residents must provide social security number

Volunteer Activity Level:

- Special Events
- Regular Schedule
- Weekends Only

How Many Hours Would You Like to Volunteer Per Month?

- Up to 10
- 11-20
- 21-40
- 40+

Lower Columbia CAP Opportunities:

- ___ Help Warehouse
- ___ Transportation
- ___ Meals on Wheels
- ___ Thrift Store



Volunteers agree to the following terms and conditions:

- *Information provided in this application may be disclosed to organization where I ask to volunteer
- *I will keep all information confidential related to clients, volunteers, other persons or organizations where I serve
- *As a volunteer I am not an employee of Lower Columbia CAP or agencies where I volunteer
- *I am under no obligation to accept or continue any volunteer assignment unless I choose to do so
- *I certify that I carry at least the minimum automobile liability insurance required by law, if a driver
- *I understand a criminal background check (WA State Patrol) is a mandatory part of the enrollment process
- *I understand that an incomplete application will not be accepted or processed

Initial Here: _____

Applicant Signature _____

Date _____

Lower Columbia CAP reserves the right to deny an application

Office Use Only

Staff Initials: _____

Start date: _____

Station assignment: _____

Notes: _____



Lower Columbia CAP
1526 Commerce Avenue, Longview, WA 98632
(360) 425-3430 x 205 Toll Free 1-800-383-2101

CRIMINAL BACKGROUND DISCLOSURE & INQUIRY

Applicant Information:

Last Name: _____ First Name: _____ Middle Name: _____
Birth Last Name: _____
Other Married Name(s): _____
Nick Name(s) or Other Name(s): _____
Date of Birth: _____ [] Male [] Female Race: _____
Driver's License Number: _____ State: _____

Please answer all disclosure questions below:

[] No [] Yes Have you ever been found to have neglected or sexually abused or exploited any minor or adult person by a court, state licensing board, disciplinary board or dependency actions?
If yes, provide details:

[] No [] Yes Has a court issued an order of protection against you for abuse or exploitation?
If yes, provide details:

[] No [] Yes Has it been determined by any state agency or department that you have abused, neglected or exploited anyone? If yes, provide details:

[] No [] Yes Have you had a license/contract to care for children or adults denied, revoked or suspended?
If yes, provide details:

[] No [] Yes Have you ever been convicted of or have charges pending for ANY crime(s)?
If yes, provide details: Dare/Court Dates
Conviction/Charges/Crime: Degree:

[] No [] Yes Have you been ordered by the courts to do community service?

How long have you lived in Washington State? Years Months
Prior residence if you have lived in Washington State less than three (3) years:

I understand that if any of the information provided above is found to be false, it may result in my not being offered employment or volunteer position, of the loss of my employment or volunteer position.

Signature of Applicant: _____ Date: _____

This document is signed and sworn to under penalty of perjury. I certify that the above information is true and correct. My signature below authorizes Lower Columbia CAP to obtain conviction and pending charges records from the Washington State patrol and other states; and, to obtain from Washington and other states, licensing information and any determination or finding of abuse, neglect, or exploitation. I understand that the results of this background check will be released to the employer/volunteer named above.