

Thank you for Volunteering with Des Moines Senior Center

Attached you will find Volunteer paperwork that must be completed before you start volunteering.

If you have any questions or concerns, please see Sue or Chris.

Des Moines Senior Activity Center
2045 S 216th
Des Moines, WA 98198
206-878-1642

Volunteer Opportunities with Des Moines Senior Services,

Volunteering with the Des Moines Senior Activity Center is a great way to learn more about senior services, your City, and your community. Volunteering provides the opportunity to meet new people, and gain valuable experience while enriching your life by helping others and enhancing your community resources. From one-time projects to on-going volunteer opportunities, the senior activity center offers opportunities for citizens of all ages to get involved and make a positive difference in the Des Moines community.

Please give us your name, address and phone number for our database and put a ✓ by the events or projects that interest you. You will be contacted when your project needs volunteers or you can call the office at (206) 878-1642 if you have any questions. Thank you for helping us serve our community better!

PLEASE
PRINT

Name: _____

Address: _____

Phone: (day) _____ (evening) _____

E-mail address: _____

CONTRIBUTIONS

- Senior Scholarship Fund
- Des Moines Legacy Foundation
- Sponsor a Special Event or Program
- Donate supplies or equipment

KITCHEN VOLUNTEERS

- Set-Up
- Prepare Food
- Serve Food
- Dishwasher
- Clean-Up
- Hostess

DRIVERS

- Day Trip Drivers
- Meals on Wheels Driver
- Senior Shuttle Driver
- Special Event Shuttle Driver

COMPUTER WORK

- Data Entry
- Special Projects
- Creating Flyers, Cards, etc.
- Computer Lab Volunteer
- Computer Instructor

SPECIAL EVENTS

- Organizing & Planning
- Decorating Committee
- Entertainment
- Distribute Flyers
- Other

HEALTH ENHANCEMENT PROGRAM

- Health Mentor
- Healthy Living Instructor
- Walk Leader

CHECK EVENTS OF INTEREST

(Italic annotates fundraising events)

- New Years Bash
- Valentines Luncheon
- St. Patty's Lunch
- Cinco De Mayo
- Mothers Day Celebration
- Fathers Day Celebration
- Fourth of July Picnic
- Halloween Lunch & Costume Contest
- Thanksgiving Luncheon
- Holiday Dinner
- Chowder Night – March
- Spaghetti Night – October
- Bake Sale - October

*See other side for more volunteer opportunities

Please fax to (206) 878-2260 or mail to
Des Moines Senior Activity Center, P.O. Box
98576, Des Moines, WA 98198.

PLEASE LIST COMMENTS OR OTHER AREAS OF INTEREST:

Des Moines Senior Activity Center
2045 S. 216th
Des Moines, WA 98198
(206) 878-1642

City of Des Moines Volunteer Application

Date Received _____

The City of Des Moines operates a volunteer program that provides services organization-wide. The purpose of the program is to enable the City to take advantage of the extraordinary reserve of knowledge, talent, and skill possessed by volunteers within our community and to capitalize on these abilities to augment City services. The intent is also to provide a program which involves interested residents in local government while providing them the opportunity to perform work of value to the community.

The volunteer application is designed to give applicants an opportunity to share their background, experience, interests and skills, enabling the City to make the best possible volunteer placement.

Name: _____
(Last) (First) (Middle)

Address: _____
City: _____ State: _____ Zip: _____

Home Phone: () Message: () Work: () Email: _____

Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, give date of birth: _____	Do you have, or can you obtain, a valid Washington State Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	WA state Driver's License or ID Card # _____ Exp. Date: _____
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Availability
 Long-term Short-term Special Project

Circle the Days You Can Be Available for Volunteer Work:
Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday

Are you currently certified in CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No	First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
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In What Particular Areas of Volunteer Work Are You Interested?

What General Skills/Experience/Education Would You Like to Share in Your Volunteer Work?

Criminal Convictions

Have you been convicted of a felony or released from prison within the last ten (10) years, or have been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? YES NO

If Yes, Please Explain: _____

REFERENCES (Do Not List Relatives)

Name: _____ Address: _____ Phone: () _____
Name: _____ Address: _____ Phone: () _____
Name: _____ Address: _____ Phone: () _____

Do You Have Any Medical Conditions Physical or Emotional That Should Be Taken Into Consideration in Arranging Volunteer Assignments? YES NO If Yes, Please Explain:

In Case of Emergency Please Contact: _____ Phone: () _____

Notice to Volunteers

Volunteers are not considered to be City of Des Moines employees. Injury Compensation is provided through the Department of Labor & Industries. Volunteer service is considered to be creditable work experience. The data furnished on this form is furnished voluntarily and will be used to contact, interview and place volunteers.

SIGNATURE IS REQUIRED

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application is grounds for dismissal as a volunteer. Further I give permission for an authorized representative of the City to conduct a state patrol criminal background check in accordance with RCW 43.43.830-839 and to inquire of individuals about my ability to perform all aspects of the volunteer position for which I am being considered and I release the City of Des Moines and those individuals/institutions that provide information from any liability that may arise from the provision of this information.

As a volunteer for the City of Des Moines, I am fully aware that the work associated with being a City Volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the City's Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Des Moines, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities.

I give permission to have my photo taken and used for publicity purposes by the City. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program.

Signature: _____

Date: _____

If Under 18 Parent or Guardian's

Signature: _____

Date: _____

Return completed form to:

City of Des Moines
Attn: Human Resource Department
21630 11th Avenue South
Des Moines, WA 98198

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

<p>A REQUESTING AGENCY/ADDRESS</p> <p>Agency _____</p> <p>Attn _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____ Authorized Signature Date</p> <p>_____ Title () Area Code/Phone Number</p>	<p>B PURPOSE Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
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C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

Applicant Right Thumb Print (Optional)

MAIL COMPLETED FORM TO:

WASHINGTON STATE PATROL
IDENTIFICATION AND CRIMINAL HISTORY SECTION
PO BOX 42633
OLYMPIA WA 98504-2633

FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL AT:

PHONE: (360) 534-2000

E-MAIL: watch.help@wsp.wa.gov

WSP WEB SITE: <http://www.wsp.wa.gov>

Washington State conviction criminal history record information is available on the Internet using WATCH (Washington Access to Criminal History). You may use an account established by mail or conduct a search using a credit card (Discover, American Express, Visa, or MasterCard). An account application can be printed by accessing WATCH "HELP" files on the Internet. A \$10 fee is charged for each name and date of birth search, regardless of the outcome.

WATCH WEB SITE: <https://watch.wsp.wa.gov>

CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses, organizations, or individuals. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. *Searches can be conducted only on prospective employees, volunteers, or adoptive parents.*

Background checks can be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment or engagement decisions only.

Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW 10.97

2. *Applicants must be notified an inquiry may be made.*

A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer, that an inquiry may be made.

3. *A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.*

A business or organization shall require each applicant to disclose whether the applicant has been:

- (a) convicted of any crime;
- (b) had findings made against him or her in any civil adjudicative proceeding;
- (c) has both a conviction and findings made against him or her.

4. *Applicants must be notified of the response.*

The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.

AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICES

This Agreement is made, by and between the City of Des Moines, a political subdivision of the State of Washington hereinafter referred to as the "City" and _____ hereinafter referred to as the "Volunteer."
(Print name)

PURPOSE: The purpose of this Agreement is to outline the responsibilities of the City in providing volunteer opportunities, and to create an understanding between the City and the Volunteer.

This Agreement shall apply to persons voluntarily performing non-compensated services for the City, including but not limited to, practical work experience, recreational programs, senior programs, police resource centers, and academic internships.

AGREEMENT FOR NON-COMPENSATED SERVICES: The Volunteer agrees to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions of service.

It is further understood that this Agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer. The City shall not be responsible for, nor liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of this Agreement **EXCEPT** for State Labor and Industries Industrial Insurance medical aid coverage.

In consideration of the City giving me permission to perform these volunteer services, I understand that: ***(Please initial the following)***

_____ I am not to appear for volunteer service under the influence of any illegal drugs or alcohol. The Volunteer agrees to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.

_____ I am not to have child(ren) with me, during my volunteer activities, that are under 14 years of age. If I do bring with me any child(ren) under 14 years of age (which is a violation of this agreement), I understand I will be held solely liable, and assume all risk of liability, for my child(ren)'s actions and agree to hold the City harmless from any and all such related claims against the City; except for injuries and damages caused by the sole negligence of the City.

_____ I will abide by all City policies regarding personal conduct while performing volunteer services.

_____ I agree not to go beyond the scope of volunteer work agreed to without authorization.

_____ I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.

_____ Depending on the scope of volunteer work, the following policies may apply: Driving, Safety Procedures, Computer Operation, Dress Code, Anti Harassment, Confidentiality

_____ Should an injury occur during the scope of my service, the City has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers.

_____ I understand that I am to report any on-the-job injury or illness, no matter how minor, to _____.

BACKGROUND CHECKS: I consent to the City performing a background check into my history in accordance with RCW 43.43.830–839 and waive any right of privacy I may have in such information for the limited purpose of the City considering it for determining my suitability as a volunteer.

TERMINATION: I understand that I or the City may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

WAIVER & HOLD HARMLESS: I am fully aware that the work associated with being a City Volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the City’s Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities.

LIABILITY COVERAGE: I understand that the City is self insured through the Washington Cities Insurance Authority (WCIA) for liability coverage. Volunteers performing within the scope of their assigned duties as authorized by the City are afforded the same coverage as City employees under the City’s liability coverage with WCIA. I am fully aware that a volunteer’s intentional misconduct is not protected or covered by the City or WCIA.

This agreement will be in effect for the duration of my volunteer services beginning this date.

Dated this _____ day of _____, 20 _____.

By: _____
City of Des Moines

Volunteer's Signature

Address

If under 18, Parent or Guardian’s Signature

City/State/Postal Code

Phone

Attachment: *Scope of Work*