

**Volunteer Registration
Spokane Valley Partners
10814 E. Broadway
P.O. Box 141360
Spokane, WA 99214
927-1153**

<p>For office use only: Active/Inactive _____ Minor: Yes/No _____ Release signed for minor _____ WSP complete _____ WSP due _____ Initial Interview _____ Start Date _____ Last day _____ Training: CB Computer _____ CB Sort rm. _____ C4K _____ Data Entry _____ EA _____ Food Bank distribution _____ Food Bank sorting _____ Janitorial _____ PP _____ Smart Start _____ SOS _____ Reception _____ Other _____ Computer Skills _____ Has truck _____</p>
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Date _____

The Spokane Valley Partners: Providing basic life necessities, teaching life skills that promote self-reliance, and addressing emotional and psychological needs; Collaborating with other charitable and government agencies to enrich the quality of community life.

Name _____ Phone (day) _____ Phone (evening) _____

Address _____ Email _____

City, State & Zip _____

Birthdate _____ Hobbies/Interests _____

Contact in case of emergency _____ Relationship _____ Phone _____

Current or former employer _____

REASON FOR VOLUNTEERING (Please check): Voluntary _____ School Related _____ Mandated Community Service _____
 Number of hours needed? _____ Deadline for completing hours? _____ Other _____

Do you have any limitations we should be aware of? _____

Please tell us about any pertinent experience you have _____

AVAILABILITY (Please circle days and times available)

MONDAY: AM / PM

TUESDAY: AM / PM

WEDNESDAY: AM / PM

THURSDAY: AM / PM

FRIDAY: AM / PM

SATURDAY and/or SUNDAY: AM / PM
(not a frequent need)

Available on a weekly basis: **YES** or **NO**

Available seasonally: **SPRING SUMMER FALL WINTER**

Available periodically/as needed _____

Below is a list of the opportunities that may be filled by volunteers, either on a regular or special basis. Please mark any categories where you would be interested in helping.

MOBILE FOOD OUTREACH

- **Distribution Food: CURRENT SCHEDULE –**
- **Thursday South County – Freeman/Fairfield/Rockford 1:30pm to 4:00pm &**
- **Fridays Spokane Valley - 2:30pm to 5:00pm**
Distributing food to the community via a drive-up distribution, lifting of 22 to 24lbs. from table height required.

FOOD OUTREACH PACKING

- **Packing Food Outreach Bags/Boxes: Generally, any day, Mon thru Fri from 10am to 12pm & 12pm to-2:00 pm**
Working on “assembly line” packaging items for outreach distribution.

FOOD BANK SERVICE

- **Stocking Shelves: Generally, Tuesdays from 10am to 1:30pm & 1:00 pm to-3:00 pm**
Sorting, stocking, re-bagging, & packaging items for distribution. Labeling and folding handouts
- **Wednesday Distribution: 2 shifts -10am to 1:30pm and 1:00pm to 4:30 pm**
Various positions include giving out groceries, check-in, and helping patrons to vehicles. Prefer once a month commitment. Should be a "people person."
- **Thursday Distribution: 1 Shift - 10am to 1:30pm**
Weigh and sort donations as needed, various housekeeping and distribution to special needs clients.
- **Driver/Delivery Persons: Regular 1 day/week or substitute basis. Must have pick-up, van, or SUV.**
Pick up bakery donations at area grocery stores, usually between 9:30 and 10:30am.

CLOTHING BANK SERVICE Monday – Thursday, 9am-3pm

- **Donation Intake:** Weigh, sort, and stock donations in proper places
- **Clothing bank front desk:** Greet and sign in families, weigh and sign out clothes (**Computer skills helpful**)

ADMINISTRATIVE OFFICE Monday – Friday, 8am-4pm

- **Reception: 2 shifts 8am-12pm – 12pm to 4 pm generally 1 day per week and possible substitute**
Answer telephone, take messages, greet and direct patrons to building services, and light office duties.
- **Newsletter preparation: Quarterly opportunity**
- **Data Entry: Weekly opportunity, hours are negotiable**
Enter volunteer hours, help develop and maintain databases

SPECIAL PROJECTS

These projects are seasonal and fun to do. Please check if you would be interested in helping with any of these events.

- October/November – **Coats 4 Kids** (2-4 weeks)
- November – **Thanksgiving Food Baskets** (2 days)
- Other Special Needs – **As the need arises with at least 1-week notice**

SVP FUNDRAISING

- Meets once a month + to plan and implement various fund-raising events for the center

PROPERTY MAINTENANCE AND OTHER SERVICES

These categories are on an "as needed" basis. Please check any that you would like to do and indicate on previous page when you are available.

- | | |
|--|----------------------------|
| ○ Moving storage items on and off site | ○ Mending/sewing |
| ○ Have truck | ○ Plumbing |
| ○ Carpentry | ○ Yard maintenance |
| ○ Construction | ○ Painting |
| ○ Snow removal | ○ Income tax preparation |
| ○ Electrical | ○ Transportation of people |
| ○ Trash removal | |

CONFIDENTIALITY POLICY

When you volunteer at Spokane Valley Partners, clients may share personal information with you. We ask that you maintain the confidences shared with you. If it is necessary to disclose information for the benefit of the client, please do so only with the proper personnel. This will help us guard the dignity and privacy of the clients we serve.

*I agree to observe the Confidentiality Policy of Spokane Valley Partners.

Volunteer _____ Date _____

Volunteer Waiver and Release of Liability

This form is to be read and signed by all persons or their legal guardians or parents, who intend to participate in volunteer work of any type for the Spokane Valley Partners.

I _____ (please print), desire to work as a volunteer laborer for the Spokane Valley Partners (the "Center"). I understand that permission has been granted to me by the Board of Directors of the Center to work at the center location and other locations as needed. I understand and agree that if work is needed offsite, employees or other volunteers for the Center may provide transportation for me (or my child). I understand that all volunteer activities, including volunteer work at all of our work sites, and in the transportation to and from, involve risk of harm. I am aware of these risks and knowingly and willingly assume all risks of personal injury and loss of personal property that may be sustained in connection with these activities.

I understand that publicity about the Center's activities is necessary and beneficial to the Center. I hereby grant and convey to the Spokane Valley Partners all right, title and interest of any and all photographic images and video or audio recordings made of myself (and child, if under 18) by the Spokane Valley Partners, media personnel invited to the Center or made by any representative for or acting on behalf of the Center during my activities with the Spokane Valley Partners.

In consideration of my being permitted to participate in any and all volunteer activities and work for the Spokane Valley Partners, I hereby waive, release and discharge the Spokane Valley Partners, all members of its board of Directors, its Officers, Employees, Agents, and other Volunteers from any and all claims, demands, actions or cause of action of whatever nature which may rise out of my participation in volunteer activities and work for the Center, including but not limited to, personal injury or property damage, whether due to their negligence or any other cause.

This agreement shall bind me, my heirs, assigns, legal guardians, and personal representatives. It is understood that Spokane Valley Partners will try to contact the designated person in the event that medical action is required, but may authorize any treatment recommended by a licensed physician in the event the emergency contact cannot be reached. I have read this document, understand its contents, and accept the terms of this agreement.

_____ Name	_____ Name of Group participant is with – Date signed
_____ Street Address	_____ Phone Number
_____ City/State/Zip	_____ Birth date

For Volunteers under 18 years of age

I am the parent or guardian of the youth participant who has signed above and who is under 18 years of age. I have read this document, understand its contents, and accept the terms of this agreement.

_____ Signature of Parent/Guardian	_____ Date
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Emergency Contact Information:

_____ Name	_____ Phone #	_____ Relationship
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To help ensure the safety of all our families we ask that you fill out a Washington State Patrol background check. A signed disclosure statement is required in order for us to conduct this search.

If there is anything that may show up on your record please explain here. _____

Please check any of the following that apply:

___ Have you been convicted of any crime against children or other persons?

___ Have you been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?

___ Have you been convicted of crimes related to drugs as defined in RCW 43.43.830?

___ Have you 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?

___ Have you 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?

___ Have you 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?

___ Have you been found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Name

Date



WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<https://watch.wsp.wa.gov>

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION FROM THE IDENTIFICATION AND CRIMINAL HISTORY SECTION.

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. Applicant may be advised of inquiry.

A

SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

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

WSP USE ONLY

Right Thumb Print (Optional)