

COURT MANDATED FOOD BANK VOLUNTEER APPLICATION Please Complete in Full

NAME:	PHONE: (day)	(eve)				
EMAIL ADDRESS:						
ADDRESS:CITY/STATE/ZIP:						
Are you 18 years of age or older?	□ Yes □ No					
EMERGENCY CONTACT						
Name:	Phone:	<u>. </u>				
AVAILABILITY						
How many hours per week will you be able to volunteer in the Food Bank? How many hours total do you need to complete?						
During which days might you be av	ays					
I was referred by the	Court System.					
I need to have my hours completed by(date). I understand that I cannot begin my community service until I have submitted my court papers.						
Applicant's signature: Date: Date: Please send your application to Kat Johnson, FamilyWorks Volunteer Coordinator, 1501 N 45 th St Seattle, WA 98103-6708, email: kathrynj@familyworksseattle.org , FAX: 206-694-6777, or call with any questions at 206-576-6534.						
Comments:						
START DATE// FINISH	DATE// SHIFT:	# Hours Completed:				

DATE OF COMPLETION LETTER

COURT PAPERWORK RECEIVED



Confidentiality Policy

It is important that all information regarding FamilyWorks' participants and employees be treated with great confidentiality to ensure a safe and respectful working environment.

Please do not discuss personal information about clients or staff with anyone outside of the center. Do not give out information such as addressees or phone number to anyone without staff authorization. If you are working on a staff member's computer, do not access any files that do not directly relate to your project.

abide by them.	pectations and the confidentiality policy a	nd I agree to
Signature	Date	

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 43.43.840

(A)	REQUESTING AGENCY/ADDRE	ESS \	$\langle B \rangle$	URPOSE
○ -	Agency: FamilyWorks		FSD/School Distr	ict Volunteer – no fee
-	Attn: Jake Weber			Org no fee (Excluding
-	Address: PO Box 31112		Schools & ESD's Profit Business / O	
-	City /State / Zip Seattle, WA 98103		Adoptive Parent	
		_	Fees:	
	I certify this request pursuant to and for			gton State Patrol by cashier's
	the purpose indicated.			mmercial business account.
	Authorized Signature Date Director	·	NO PERSONAL / CERT	TIFIED CHECKS ACCEPTED
	<u>Dilector</u> Title] / `		
Alia	Last s/Maiden Name: of Pirth		Rac	Middle
	e of Birth: Month /Day/ Year			e:
(ial Security Number: Driv (optional)			
Seco	ondary dissemination of this criminal history record info	rmation response is p	rohibited unless in compliar	nce with RCW 10.97.050.
Washi	ington State Law requires that FamilyWor	rks secure a cri	ninal history backgro	ound check on all
prospe	ective employees and volunteers. Please f	ill in section C	on the above Washin	gton Patrol form.
Hav	ve you ever been convicted of a crime?			-
If y	res, convicted of?			
Dat	te of conviction?			
(If	te of conviction?yes, conviction will not necessarily disqua	alify you).		
Sign	nature	Γ	ate	