



Date: _____

Volunteer Application

How to become an Encompass volunteer:

1. Complete this volunteer application. Return to volunteer@encompassnw.org or mail to address at bottom.
2. Meet with the volunteer manager to learn more and identify a good volunteer fit and placement.
3. Review the volunteer handbook and attend an orientation if required.

Name: _____ Date of Birth: _____

Email: _____ Phone: _____

Preferred Method of Communication: Phone Email Text Messages? YES NO

____ Please sign me up for the Encompass Newsletter so I can stay updated about volunteer opportunities.

Address: _____ Employer: _____
(Some employers match volunteer hours!)

Emergency Contact Name: _____ Phone: _____

Why do you want to volunteer with Encompass?

What skills or talents could you bring to Encompass?

Do you volunteer with any other organizations?

Are you applying to complete court-ordered community service hours? Yes No

Availability: Occasional/one-time opportunities Ongoing volunteering (weekly/monthly)

What type of Encompass volunteer work are you interested in? Mark all that apply.

- ____ Administrative — *reception (phones, filing, greeting), general data entry and office assistance*
- ____ Behind the Scenes — *program development, event planning, program support, and board of directors*
- ____ Classroom/Childcare — *ongoing preschool and summer camp positions, childcare at monthly events/workshops*
- ____ Fundraising/Community Events — *annual galas, North Bend Block Party, Encompass Anniversary Party, etc.*
- ____ Maintenance/Yard Work — *weeding, landscaping, and one-off needs for handyman work*
- ____ Other — *pro-bono/professional skills or other talents* _____

Thank you for your interest in joining the Encompass volunteer team! We will be in contact with you shortly.



Confidentiality Agreement

At Encompass, we respect the confidentiality of the children who receive services from our organization. As a condition of volunteering, providing childcare, conducting an observation or participating in a tour in one of the programs at Encompass, I agree not to divulge or make known to any unauthorized persons or the public, any information observed or obtained regarding persons who have received services from Encompass, such that the person receiving services is identifiable.

Signature: _____ **Date:** _____

Printed Name: _____

Under 18 Parental/Guardian Consent

As parent/guardian, I _____ give permission for _____ to volunteer with Encompass. I understand that they will be working on projects/events with other volunteers and under the supervision of Encompass staff or a trained lead volunteer. I will make arrangements for my minor to be dropped off and picked up at the end of his/her shift.

In the event of an emergency or any behavioral concerns, please contact the following:

Name: _____ Relationship: _____

Phone: _____ E-mail: _____

Parent/Guardian Signature: _____ **Date:** _____

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

The Washington State Child and Adult Abuse Information Act (RCW 43.43.830 through 43.43.842) requires that all individuals who have access to children under sixteen years of age, developmentally disabled persons, and vulnerable adults, disclose criminal history information. This criminal history information includes certain crimes against children and other persons, certain civil findings and disciplinary board final decisions related to abuse of these populations, and crimes relating to financial exploitation. They do not include offenses such as traffic violations. In addition, the law includes requirements for background checks through the Washington State Patrol (WSP) concerning these crimes and offenses.

Have you ever 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? YES NO

If yes, please specify:



encompass
Children. Families. Community.

Encompass Disclosure Statement

Washington State Patrol Criminal Background Check

Have you ever 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?

YES NO

If yes, please specify:

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

YES NO

If yes, please specify:

I certify, under penalty of perjury, that the statements above are true and correct.

Signature: _____ **Date:** _____

Authorization to Obtain Criminal Background Reports:

I authorize Encompass to obtain criminal background reports for the employment and volunteer background investigation, and if I am hired, at any time during my employment. I understand that these reports might include, but are not limited to, a search of my criminal background, reference checks, driving record checks and verification of my identification and social security number. I agree that this Disclosure/Authorization, in original or copy form, is valid for all current and future criminal background reports.

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050

Signature: _____ **Date:** _____