VOLUNTEER APPLICATION

Please Print or Type			
NAME: (LAST)	(1	(FIRST)	
ADDRESS:	Phone		
zip	2 nd P	hone	
EMAIL ADDRESS:	I	OOB	
EMPLOYER/SCHOOL:	ADDRE	ESS:	
EMERGENCY CONTACT INFORMAT	ΓΙΟΝ:		
Name:	Relation	Relationship to you	
Address:	Phone:		
WHY ARE YOU INTERESTED IN VOCENTER?			
		senior program activities	
transportation	front desk/office assistance	meal preparation & service	
maintenance/yard work other:	special projects/events		
IS THERE ANYTHING YOU ABSOLU	TELY DO NOT WANT TO D	00?	
APPROXIMATELY HOW LONG CAN		One Time Only	
6 Months	1 Year Other:		

COMPLETE BOTH SIDES





(NAME) PLEASE NOTE: In signing acceptance as a Community of to be in possession of a valid To receive no monetary compand training programs; 6) To instructions from my supervisible PLEASE READ CAREFULI	ferences (adult – not related to you):: (ADDRESS) (ADDRESS) this volunteer application/registration for Center volunteer; 1) To submit proof of driver's license and to carry auto insurar pensation for his/her services, except as poconsent to a criminal history backgrounsor and the Maple Valley Community Celly BEFORE YOU SIGN THIS APPLICE SUFFICIENT CAUSE FOR TERMINAT	rm, the applicant agrees to the credentials when providing place. 3) To meet attendance a provided to volunteers; 5) To defice, 7) To conform to denter administration.	professional services; 2) if required, and performance commitments; 4) to complete appropriate orientation other policies, regulations and
(NAME) (NAME) PLEASE NOTE: In signing acceptance as a Community of to be in possession of a valid To receive no monetary compand training programs; 6) To	(ADDRESS) (ADDRESS) this volunteer application/registration for Center volunteer; 1) To submit proof of driver's license and to carry auto insurar pensation for his/her services, except as po consent to a criminal history background	rm, the applicant agrees to the credentials when providing pace. 3) To meet attendance a provided to volunteers; 5) To d check; 7) To conform t	(PHONE) e following conditions and professional services; 2) if required, and performance commitments; 4) to complete appropriate orientation
(NAME) (NAME) PLEASE NOTE: In signing acceptance as a Community of to be in possession of a valid	(ADDRESS) (ADDRESS) this volunteer application/registration for Center volunteer; 1) To submit proof of driver's license and to carry auto insurar	rm, the applicant agrees to the credentials when providing pance. 3) To meet attendance a	(PHONE) e following conditions and professional services; 2) if required, and performance commitments; 4)
Please provide at least two re (NAME) (NAME) PLEASE NOTE: In signing	(ADDRESS) (ADDRESS) this volunteer application/registration for	rm, the applicant agrees to th	(PHONE) e following conditions and
Please provide at least two re (NAME)	(ADDRESS)		
Please provide at least two re			(PHONE)
	ferences (adult – not related to you)::		
Food Handler's Per Valid First Aid Card Valid CPR Card	yes / no issue date	: e: e:	
	YOU POSSESS THE FOLLOW		
Word Processing	Other		
Project Mgmt.	Public Relations	Sports	Telephone
Gardening	Music	Organization	Parent Support
Computer	Construction	Fund Raising	Games
Accounting	Activity Leader	Arts & Crafts	Child Care
SKILLS – HOBBIES – Please indicate any skills, hol	INTERESTS: bbies or interests that you are willing to s	hare in a volunteer capacity.	
On Call	Evening		
	Afternoon		
	A C.		TH F

STATUS, RACE, COLOR, CREED, NATIONAL ORIGIN, AGE, OR THE PRESENCE OF A NONSERVICE-RELATED HANDICAP.

COMPLETE BOTH SIDES







The Greater Maple Valley Community Center enriches our community through quality human services and social activities.

CODE OF CONDUCT

The following is a CODE OF CONDUCT governing the actions of all participants in, and users of, the Greater Maple Valley Community Center and any program or activity associated within.

PURPOSE OF CODE: The major purpose of this CODE OF CONDUCT is to promote an atmosphere of harmony and understanding at the Greater Maple Valley Community Center assuring participants and staff alike that the behavior of all in attendance will be guided by a common set of rules for the mutual benefit of all.

- 2) CODE OF CONDUCT: To accomplish this purpose, individuals are asked to live by one basic guideline: "The Rights and Privileges of all persons are to be respected and honored at all times."
- **3) VIOLATIONS OF CODE:** The following are violations of the Greater Maple Valley Community Center Code of conduct and are prohibited at the Center or at Center sponsored activities.
- a. Conduct that disrupts or obstructs any program or activity that is part of the overall center operation.
- b. Any action, event, or group of events that constitutes a violation of Federal, State or Local law.
- c. Failure to comply with lawful direction given by Center staff acting in the performance of their duties.
- d. The destruction, damage, or theft of Greater Maple Valley Community Center property or the property of others.
- e. Any lewd, obscene or indecent conduct or expression, including profanity.
- f. Any action, which in the judgment of staff constitutes an attempt to inflict, or the actual infliction of, or injury to other participants and/or Center staff.
- q. Any conduct or expression that in the judgment of staff, serves to intimidate or coerce others.
- h. Any infringement on the rights of other participants or staff granted by Federal, State or Local statutes.
- i. Failure to maintain a level of personal hygiene that is non-offensive in a social environment.
 - 4) ENFORCEMENT: The above Code shall be enforced by Greater Maple Valley Community Center staff whose authority shall prevail in all cases. A program of progressive discipline shall be in effect for repeat or habitual offenders. Disciplinary action will be decided in the first instance by the Center staff responsible for the event or program where the violation occurs. Violators of the Code that are deemed not to constitute an immediate and apparent threat to the safety of others or their property will result in disciplinary action including, but not limited to verbal warning, suspension of right-to-participate in some or all of the Centers' activities for a period of time or permanent expulsion from the Greater Maple Valley Community Center program, depending upon the severity of the offense and whether the offense is repeated or habitual. Violations of the Code that are deemed to constitute immediate and apparent threat to the safety of others or their property may result in immediate, temporary expulsion from the Greater Maple Valley Community Center and/or the specific activity.
 - **5) APPEAL OF ANY DECISION:** Appeal of any decision may be made to the Community Center Executive Director (or his or her designee). The decision of the Executive Director may be appealed to the Greater Maple Valley Community Center Board of Directors, who will recommend to the Executive Director the final decision concerning the enforcement of the Code of Conduct.

Employee/Volunteer Signature	Date
, .,	
Print Name Employee/Volunteer	
Supervisor Signature	Date







Abuse/Neglect/Exploitation Policy

Policy

In its role to assure safe and healthy environments and development for children, disabled persons, and frail elderly, Greater Maple Valley Community Center must assure its own ability to prevent their neglect, abuse, or exploitation. Therefore, each employee/volunteer of the agency, immediately upon employment, must sign a statement attesting to the fact that they are aware of and will guarantee the absolute prohibition of abuse, neglect, and exploitation of children, disabled persons, and frail elderly. Furthermore, immediately upon employment, each employee/volunteer will be trained in their obligations and correct procedures for timely reporting of any suspicion of child abuse, neglect, or exploitation.

Reporting Obligations and Procedures

As professionals hired to provide for the safety and health care of children, disabled persons, and frail elderly, all employees/volunteers of Greater Maple Valley Community Center are required by law to report any observations or suspicions of abuse, neglect, and exploitation. This report must be made to an official agent of the Department of Public Health and Human Services as immediately as possible after the observation is made or the suspicion arises. Furthermore, the employee/volunteer is also required to then notify his/her immediate supervisor or the Executive Director of his/her observations/suspicions and that they have referred the matter to the Department of Public Health and Human Services for further investigation.

- 1. Immediately upon observations or suspicion of abuse, neglect, or exploitation of children, disabled persons, or frail elderly, Greater Maple Valley Community Center employee(s)/volunteer(s) will contact an official agent with the Department of Public Health and Human Services.
- 2. Employee(s)/volunteer(s) will then immediately report the incident to their supervisor or the Executive Director whoever is immediately available.
- 3. The supervisor or Executive Director will make immediate contact with the Licensing Agent from the Department of Public Health and Human Services and the President of the Board of Directors.
- 4. If the Licensing Agent deems that it is appropriate to do so, the Executive Director will begin an immediate internal investigation of the incidents in question. This investigation, when it involves allegations of abuse, neglect, or exploitation against an employee of Greater Maple Valley Community Center, can include disciplinary actions against the employee ranging from suspension with or without pay or termination of employment.

Note:	D.P.H.H.S. Licensing Agent, to conduce employees/volunteers, in this case, must be	et an internal investigation. However, de approved by the Board of Directors. Also, the Board of Directors can conduct an internal action against the Executive Director.	isciplinary actions agains when these allegations are
	by my signature below that I have read this Ging abuse, neglect, or exploitation of children and		
Employee	e/Volunteer Signature	Date	
Print Nan	me Employee/Volunteer		
Superviso	or Signature	Date	







CONFIDENTIALITY STATEMENT

"I shall respect the privacy of the people we serve and hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person. Therefore, I will not disclose an individual's confidences to anyone except: 1) as mandated by law: 2) to prevent a clear and immediate danger to a person or persons: 3) where I am a defendant in a civil, criminal, or disciplinary action arising from the contact" 4) if there is a waiver previously obtained in writing and then such information may only be revealed in accordance with terms of the waiver.

"I shall be responsible to store or dispose of professional records in ways that maintain confidentiality.

"I shall possess a professional attitude which upholds confidentiality toward the people we serve, colleagues, applicants and any sensitive situation arising within the agency.

"I, upon my termination, shall maintain client and co-worker confidentiality and I shall hold confidential any information about sensitive situations within this agency.

Employee/Volunteer Signature Date

Print Name Employee/Volunteer

"I understand that violation of this statement may be grounds for immediate dismissal."



Supervisor Signature



Date



ANTI-DISCRIMIMATION STATEMENT

I recognize and acknowledge and support that the Greater Maple Valley Community Center does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin, disability, marital status, sexual orientation, military status, or veteran's status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, volunteers, subcontractors, vendors, and clients.

Distribution:

Employee Personnel File

WASHINGTON STATE PATROL

Identification and Background Check Section PO Box 42633 Olympia WA 98504-2633 (360) 534-2000



http://watch.wsp.wa.gov

EQUEST FOR CONVICTION CRIMINAL HISTORY REC	ORD (RCW 10.97)			
\$32 Fee — Conviction Criminal History Record Information Based on Name and Date of Birth • For an \$11 fee and an immediate response using a credit card, access our web site listed about				
 \$58 Fee — Conviction Criminal History Record Information Based on Fingerprints A full set of fingerprints on a fingerprint card is required for processing. 				
 \$10 Fee per Notary Seal — Notary Letter(s) in Addition to Requesting Notarized Letter(s) 	o Criminal History Ro	ecord Check		
OTE: The requested record information is furnished solely on the subject of your inquiry. Positive identification or non-identification or non-identification. Applicant may be advised of inquiry.				
SUBJECT INFORMATION: (Please type or print clearly)				
Applicant's Name	First	Middle		
Alias/Maiden Name/Other Names Used				
Date of BirthMonth/Day/Year				
REQUESTOR INFORMATION: (Please type or print clean	rly)			
Name				
Address				
City	State	ZIP Code		
Contact Phone Number ()				
Would you like your results e-mailed or mailed? (Pl	lease select only one)			
☐ Mailed (It may take 7 to 14 business days for respo	nse, when mailed.)			
☐ E-Mailed*				
E-Mail Address				
Password				

(Password must be 8-15 characters)

^{*} Results can only be e-mailed for name and date of birth inquiries. Fingerprint-based background checks and notary letters will be mailed. Password is required to open encrypted PDF results.