



Pullman Community Council on Aging Meals on Wheels Volunteers

Date application completed: _____

Volunteer's Name: _____

First

Middle

Last

Date of Birth: Mo: _____ Day: _____ Yr of Birth: _____ Sex: _____

> NOTE: Volunteers under age 18 do not need a background check <

Address _____

City _____ **State** _____ **Zip Code** _____

*** Phone: cell (preferred)** _____ or home: _____

*** We occasionally need to be able to reach you before or while you are delivering meals. This information will not be used for any other purpose than Meals on Wheels business.**

Church or Group Affiliation: _____

> Church, business, or group with which you are volunteering for Meals on Wheels <

Volunteer Agreement & Confidentiality Policy

The principle of confidentiality is basic to the maintenance of professional ethics and community respect. All staff, board members and volunteers of Pullman Community Council on Aging (PCCoA) have a set of ethical responsibilities by which they are bound to the client, the community and themselves. PCCoA Meals on Wheels clients act in good faith, expecting their circumstances and personal matters to remain confidential; PCCoA is obligated by law and ethics to reciprocate. Confidentiality of client information is maintained for the protection of the client.

All paid and volunteer staff members will take responsibility for protecting the confidentiality of all clients.

All written and unwritten information concerning PCCoA clients is considered to be confidential. All Meals on Wheels recipients are clients of PCCoA. Any concerns about their health, living situation, etc., that may be noticed when volunteering may be shared only with appropriate PCCoA staff such as the Executive Director.

Washington State Patrol Background Check

Pursuant to Revised Code of Washington (RCW) 43.43.830 – 845, businesses or organizations providing services to children, developmentally disabled persons, and vulnerable adults need adequate information to determine which employees or contractors to hire (or to engage as volunteers). Pullman Community Council on Aging therefore needs to conduct background checks on all volunteers. As such, this form is your authorization for PCCoA to conduct a Washington State Patrol background check on you. This background check does not cover minor offenses such as traffic tickets, etc. but is limited to searching for severe offenses of record and is intended as a protection for both you and PCCoA clients. There is no charge to you for this background check.

I declare that I have not been:

- a) convicted of any crime against children or other persons;
- b) convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;

(CONTINUED ON BACK/NEXT PAGE)

Pullman Community Council on Aging

- ◆ Meals on Wheels
- ◆ Senior Chore Service
- ◆ Guide to Senior Services

P.O. Box 1123 Pullman, WA 99163
www.PullmanCoA.org 509/339-4000
PullmanComCoA@gmail.com

- c) convicted of crimes related to drugs as defined in RCW 43.43.830;
- d) 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;
- e) found by a court in a domestic relation proceeding under title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;
- f) 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;
- g) found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct and authorize the Pullman Community Council on Aging to perform this criminal background check. The request is made pursuant to and only for the purpose indicated.

I understand and agree to follow the above confidentiality policy and procedures. I am aware that any breach of confidentiality will result in immediate termination of my activities as a volunteer with PCCoA.

I understand and accept the risk of injury or illness arising from my volunteer work with Pullman Community Council on Aging and hereby release and agree to hold free from all claims for damages PCCoA and its respective officers, directors, and employees.

Signature of Volunteer

Date

*Pullman Community Council on Aging (PCCoA) improves the quality of life
for local seniors through advocacy and action:
identifying needs, developing solutions, and connecting resources.*