

Friend to Friend America - Volunteer Application

Instructions: Please fill and save this PDF form to your computer. Attach and email the completed form to volunteer@fffa.org. You may also print and post mail the form to the address listed at the bottom of the form.

Applicant Information

Name _____
First Middle Last

Phone _____ Email: _____

Address _____
Number / Street

City / State Zip

Date of Birth _____ Gender M F

Occupation _____

Employer Name _____

Work Phone _____ OK to Call at Work? Yes No

Emergency Contact Information

Name _____

Relationship _____ Phone _____

References

Please list two references (other than family) with contact information. Friend to Friend America prefers references that are located in the state of Washington.

Reference #1

Name _____

Address _____

Phone _____ Email _____

Relationship _____

Reference #2

Name _____

Address _____

Phone _____ Email _____

Relationship _____

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Tell Us a Little More About You

Languages you speak other than English? _____

Describe any other volunteer work you have performed:

Check any interests and/or skills that you have:

Reading Movies Animals Card Games

History Cooking Crafts Gardening

Photography Sewing Sports Music

Other _____

Would you to prefer to visit Man Woman No Preference

Do you have a preference for the facility where you would like to visit with a new friend?

Do you have a preference for when you would volunteer?

Weekdays Weekends Mornings Evenings

Do you have any interest in volunteering in the office doing administrative tasks? In addition to being a friendly visitor with a resident, would you be interested in helping in the office with fundraising or special events? (Please describe)

How did you hear about Friend to Friend America?

VolunteerMatch.com FTFA.org Friend / Colleague

Other _____

Friend to Friend America will not discriminate against any individual because of race, age, sexual orientation or religious views. All volunteers are subject to a background check. Your signature below give Friend to Friend America permission to perform a background check as required by the Child/Adult Abuse Information Act RCS 43.43.830 through 43.43.845.

Signature of Applicant _____ Date _____

Friend to Friend America - Criminal History Disclosure

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Policy

Please understand due to the nature of those we serve, all prospective Friend to Friend America employess and volunteers will be subject to a criminal history background check. Friend to Friend America will not employ nor accept volunteers who have committed crimes against children and/or vulnerable adults. In addition, we cannot provide court ordered volunteer opportunities.

Please answer the following questions by checking "Yes" or "No"

Have you ever:

- | | | |
|-----|----|---|
| Yes | No | been convicted of any crime against children or other persons? |
| Yes | No | been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult? |
| Yes | No | been convicted of crimes related to drugs as defined in RCW 43.43.830? |
| Yes | No | 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? |
| Yes | No | been found by a court in a domestic relations procedeing under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? |
| Yes | No | been found in any disciplinary board final decesion to have sexcually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult? |
| Yes | No | been found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult? |

WA State Patrol and/or Department of Social and Health Services (DSHS) Background Check

Please provide as much information as possible (name and date of birth are mandatory)

Name _____
First
Middle
Last

Alias/Maiden Name(s) _____

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

By signing this document, I swear, under penalty or perjury, that I have truthfully disclosed all information pertaining to criminal history. I give Friend to Friend America permission to perform a background check as required by the Child/Adult Information Act RCW 43.43.830 through

Signature _____ Date _____