



## Volunteer Application

Name: \_\_\_\_\_

DOB: \_\_\_\_\_  Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ (Check preferred contact)

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_  
( Cell phone  Land line) ( Cell phone  Land line)

I would like to volunteer

- A regular time/day: \_\_\_\_\_
- As a substitute/on-call

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I acknowledge that during my work with **Family Promise of Cowlitz County**, I will have access to and learn facts about individuals that are staying in the program. By signing this agreement, I understand and agree I have read and agree to abide by the Code of Conduct provided me. I will not discuss or disclose any information pertaining to persons staying within the care of Family Promise now or in the future, unless

- I am directed to do so by a staff or Board member
- for Family Promise of Cowlitz County business purposes only
- and an appropriate waiver is in place authorizing such disclosure

I understand my responsibilities to maintain the safety and well-being of the guest families onsite when I am present, to maintain the security of any keys I use and the lock box, and to report any suspected problems to the appropriate staff member as soon as possible.

I authorize Family Promise of Cowlitz County to run a background check on me, or I have provided a current background check to Family Promise of Cowlitz County. My Social Security number is \_\_\_\_\_.

I understand that Family Promise of Cowlitz County will keep a volunteer file on me with documents including this form, my background check, drug screen results, and a copy of my valid driver's license. I will report any changes that impact my criminal record.

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Signature

Date

**FOR OFFICE USE ONLY**

Background check (MRI)

- Clear
- Finding:

Drug screen

Driving transcript (<https://www.dol.wa.gov/licenseexpress.html>) if required