**Day Center Angel Application**

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

I would like to volunteer

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have received a copy of the Day Center Angel job description. 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. All information pertaining to every guest, including but not limited to name, SSN, race, monetary status, marital status, and all information pertaining to every child in the program, must be kept absolutely confidential. This includes any information about a family that the family themselves may share with me directly. By signing this agreement, I understand and agree not to 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, 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 keep all information regarding personnel or guest families strictly confidential, to maintain the security of the keys and 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.

I understand that Family Promise of Cowlitz County will keep a file with documents pertinent to my volunteering in the capacity of Day Center Angel, and will report any changes that impact my criminal record.

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Signature Date

**FOR OFFICE USE ONLY**

[Background check](https://fortress.wa.gov/wsp/watch/Home/PublicSearchRequest) (<https://fortress.wa.gov/wsp/watch/Account/Login?ReturnUrl=%2fHome%2fPublicSearchRequest>)

* Clear
* Finding
* Driving transcript (<https://www.dol.wa.gov/licenseexpress.html>)
* Send UA form by email or print out for pickup by driver.