

 CLARK COUNTY JUVENILE COURT

VOLUNTEER APPLICATION PACKET

500 W. 11th St.

PO Box 5000

Vancouver, WA

98666-5000

 APPLICATION FOR VOLUNTEER PLACEMENT

Clark County Juvenile Court

 Date:

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

Last Name First Name Middle Birthdate Age

\*\*\*\*\*\*\***Applicants seeking Volunteer or Intern experience which includes Direct Contact with youth MUST be 21 years of age or older**\*\*\*\*\*\*\*\*\*

Complete Address:

Phone: home Work message

Are you a student? Yes No School:

 Is this a placement for school credit? Yes No GED? Yes No

Education: High School Graduate? Yes—Year ; No GED? Yes—Year ; No

Colleges, Universities, Vocational Schools attended Major/Degree(s) Year

List any training courses or job training you have completed which would be useful in your volunteer placement:

Work Experience:

Present:

 Employer & Supervisor Position How Long

Address/city/state Phone:

Past:

Employer & Supervisor Position How Long

How did you hear about the Juvenile Departments Volunteer Program?

Briefly explain why you want to volunteer for the Court:

BE SURE YOU HAVE ANSWERED EVERY QUESTION THOROUGHLY

I understand that this form may be used in finding a volunteer job placement. All answers and statements are true and complete.

I understand that untruthful, misleading, or omission of answers are cause for rejection of my application or my dismissal from the program

I understand that it is normal part of the county procedure to reserve the right to make such inquiries as deemed appropriate to the suitability any new worker, and that this will be done in a manner designed not to cause any embarrassment.

Signature of Applicant: Date:

Printed Name of Applicant:

List three references, preferably from a combination of employment, volunteer work, school, professional, and/or family friends.

(no relatives or close friends) Please print clearly.

1. Person’s Name: Years Known:

Relationship:

Address/City/State/Zip Phone:

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Relationship:

Address/City/State/Zip Phone:

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Relationship:

Address/City/State/Zip Phone:

Describe any physical limitations of handicaps which we should consider in your placement:

Interests/Hobbies:

Skills/Special Training you wish to utilize in your volunteer placement:

Volunteer Experience:

Have you or any member of your immediate family ever been involved with the juvenile court? Yes No

If Yes, state name of court(s), family member(s) involved, reason(s) for court contact, date(s) of court involvement, name of Probation Counselor:

What prescription medication(s) are you taking and why?

Do you have a history of any alcohol, drug, and/or emotional problems? Yes No

If Yes, explain what problems, over what period of time, and length of sobriety:

List any driving restriction:

List date(s) and reason(s) for all violation of the law, including traffic citations, which have occurred in the last 5 years:

In case of emergency, notify:

 Name Phone Relationship

The existence of a criminal record or an emotional or substance abuse problem does not necessarily disqualify you from volunteering.



Clark County Juvenile Justice

Affidavit

**DRIVING RECORD, LICENSE, AND INSURANCE**

For county employees or temporary employees assigned to drive county-owned vehicles or drive personally-owned vehicles in performance of their job duties must have a valid driver’s license, proof of insurance, and meet the below listed requirement.

I, , CLARK COUNTY JUVENILE DEPARTMENT, DO ATTEST THAT I HAVE:

Circle either Yes or No

Yes No A valid driver’s license number State

Yes No More than 1 moving violation in the past 3 years.

Yes No Any violations involving drugs or alcohol (including DUI)

Yes No Any history of suspended license

Yes No Any chargeable accidents in the last 3 years

Yes No Insurance with liability coverage equivalent to state minimum

 Company: Policy #:

 I will notify the Juvenile Department Administration of any changes to my driving record, license or insurance coverage.

 Dated this day of , 20

 Signature

500 W. 11th St. PO Box 5000 Vancouver, WA 98666-5000

Phone: 360-397-2201 Fax:360-397-6109

CLARK COUNTY JUVENILE COURT

PROBATION DEPARTMENT

CONFIDENTIALITY AGREEMENT

I, , understand that, as an Intern/Temporary Employee/Volunteer, I am bound by a commitment to confidentiality. This includes an agreement not to discuss any aspect of any client’s case in public, not to disclose any specific or identifying information regarding clients, their children, or their situation to anyone other than program personnel.

 Any violation of this standard will be considered grounds for termination of the placement.

Signed Witness

Dated Dated

CONFIDENTIAL

Applicant Disclosure and Authorization for Background Inquiry

**IMPORTANT APPLICANT INFORMATION**

PLEASE PRINT OR TYPE

Applicant’s Name

 Last First Middle

Alias/Maiden Name

Home Address

 Street City State Zip

Date of Birth Sex Race/Ethnicity

Social Security No. Driver’s License # State

You are applying for appointment to a position which may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or other vulnerable adults during the course of his or her employment or involvement with the County. As provided by Washington State Law under RCW 43.43.830, applicants must provide a disclosure statement of certain civil adjudication, conviction records or crimes against persons. And disciplinary board final decisions prior to appointment to positions which are directly responsible for the care, supervision, or treatment of children, developmentally disables persons, or other vulnerable adults. As provided by RCW 43.43.815, Clark County may conduct a pre-employment evaluation of prospective employees who, in the course of employment, may have access to County money or assets.

Clark County will make background inquiries of the above noted disclosures. Such inquiries may be made to State and/or Federal law agencies. Information obtained from the disclosure statement or from the background inquiries will not necessarily preclude appointment, but will be considered in determining the applicant’s character, suitability, and competence for the position applied for and may result in denial of appointment. The use of these inquiries will be restricted to decisions on possible County appointment.

If you wish to be considered for appointment, you must complete and sign this Applicant Disclosure and Authorization for Background Inquiry Form. Failure to complete and sign this form will disqualify you from County appointment. Additionally, if you do not live in Washington or have lived in the state for less than three years, you must submit to fingerprinting for the purpose of conducting a Washington State Patrol and Federal Bureau of Investigation background check. If selected for the position, this information may be collected periodically in the future, in compliance with application state laws and grantor agency requirements.

State background identification shall satisfy future record check requirements for the applicant for a two(2) year period. A copy of the background inquiry information from State or Federal law enforcement agencies will be available to you upon request. Clark County is not liable for defamation, invasion of privacy, negligence, or any other claim in connection with any lawful dissemination of information under RCW 43.43 and will not disseminate this information to a second party in compliance with RCW 10.97.

State and Federal background checks will be completed at Clark County’s expense.

Applicant Disclosure and Authorization for Background Inquiry (Cont.)

Please answer *Yes* or *No* to each item below. If you answer Yes to any item, explain in the area provided or attach additional sheets indicating the charge or finding, date, court(s), and state involved.

1. Have you ever been convicted of any crimes against children or other persons as follows:

Aggravated Murder; First or Second Degree Murder; First or Second Degree Kidnapping; First, Second, or Third Degree Assault; First, Second, or Third Degree Assault of a Child; First, Second, or Third Degree Rape; First, Second, or Third Degree Rape of a Child; First or Second Degree Robbery; First Degree Arson; First Degree Burglary; First or Second Degree Manslaughter; First or Second Degree Extortion; Indecent Liberties; Incest; Vehicular Homicide; First Degree Promoting Prostitution; Communication with a Minor; Unlawful Imprisonment; Simple Assault; Sexual Exploitation of Minors; First or Second Degree Criminal Mistreatment; Child Abuse or Neglect as defined in RCW 26.44.020; First or Second Degree Custodial Interference; Malicious Harassment; First or Second or Third Degree Child Molestation; First or Second Degree Sexual Misconduct with a Minor; First or Second Degree Rape of a Child; Patronizing a Juvenile Prostitute; Child Abandonment; Promoting Pornography; Selling or Distributing Erotic Material to a Minor; Custodial Assault; Violation of Child Abuse Restraining Order; Child Buying or Selling; Prostitution; Felony Indecent Exposure; Criminal Abandonment; or any of these crimes as they may be renamed in the future

No Yes If Yes, explain

1. Have you ever been convicted of crimes related to financial exploitation (First, Second, or Third Degree Extortion; First, Second, or Third Degree Theft; First or Second Degree Robbery; Forgery) where the victim was a vulnerable adult?

No Yes If Yes, explain

1. Have you been convicted of crimes relation to drugs (manufacture, delivery, or possession with intent to manufacture, or deliver, a controlled substance)?

No Yes If Yes, explain

1. Have you ever been found in any dependency action under RCW 13.34.030 to have sexually assaulted or exploited any minor, or to have physically abused any minor?

No Yes If Yes, explain

1. Have you ever been 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 to financially exploited any vulnerable adult?

No Yes If Yes, explain

1. Have you every been found by a court in a protection proceeding under RCW 74.34 to have abused or financially exploited a vulnerable adult?

No Yes If Yes, explain

**Have you been a Washington state resident for the three year period prior to this application?**

 **Yes No**

If you have lived in Washington state less than three years immediately prior to your application to have unsupervised access to children or to individuals with a developmental disability, you are required to be fingerprinted for a background check with the Washington State Patrol and the Federal Bureau of Investigation, and this must be repeated every three years.

I swear, under the penalty of perjury that the above information is correct:

Applicant Signature: Date:

**CHILD/ABUSE INFORMATION ACT**

**(1987 Washington Laws, Chapter 486)**

Position Applied For:

Department:

APPLICATION DISCLOSURE AND AUTHORIZATION FOR BACKGROUND INQUIRY

IMPORTANT APPLICANT INFORMATION:

You are applying for appointment to a position which is directly responsible for the care, supervision, or treatment of children or persons with developmental disabilities. RCW 43.43 requires each such application to sign a disclosure statement, under penalty of perjury, relating to certain civil adjudications, conviction records, and disciplinary board final decisions. In addition, inquiries may be made to state and/or federal law enforcement agencies. Information obtained from the disclosure statement background inquiries will not necessarily preclude appointment to the position applied for, but will be considered in determining your character, suitability, and competence.

If you wish to be considered, you must complete and sign the attached Authorization for Background Inquire and Applicant Disclosure forms. Failure to complete and sign these forms will disqualify you from further consideration. If a background inquiry is made to a federal or state law enforcement agency, you will be notified of that agency’s response and a copy of that response will be made available to you upon your request.

APPLICANT DISCLOSURE STATEMENT

CONFIDENTIAL INFORMATION

Rcw 43.43 requires you to complete the following statement, if you wish to be considered for employment or a voluntary position in which you will be responsible for the care, supervision, or treatment of children or persons with developmental disabilities. For the purposes of this statement, “( Under RCW 43.43.830, ‘A crime against persons means a conviction of any of the following offenses: Aggravated Murder; First or Second Degree Murder; First or Second Degree Kidnapping; First, Second, or Third Degree Assault; First, Second, or Third Degree Rape; First, Second, or Third Degree Statutory Rape; First or Second Degree Robbery; First Degree Arson; First Degree Burglary; First or Second Degree Manslaughter; First or Second Degree Extortion; Indecent Liberties; Incest; Vehicular Homicide; First Degree Promoting Prostitution; Communication with a Minor; Unlawful Imprisonment; Simple Assault; Sexual Exploitation of Minors; First or Second Degree Criminal Mistreatment; or any of the crimes as they may be renamed in the future.)”

PLEASE PRINT ALL ENTRIES

Applicant’s Name:

 Last First Middle

Maiden Name:

 Last First Middle

Alias:

 Last First Middle

Date of Birth ; Sex ; Race/Ethnicity ; Height: ; Weight:

Color of Eyes: ; Color of Hair: ; Social Security Number:

**THE FOLLOWING FORM IS OPTIONAL.**

**If you anticipate wanting to use your volunteer/intern work at Clark County Juvenile Court for job reference purposes, the following form must be signed and returned.**

**No Staff from out department may provide a job reference without a signed release on file.**

**CLARK COUNTY JUVENILE COURT**

**AUTHORIZATION AND RELEASE FOR REFERENCES**

TO WHOM IT MAY CONCERN:

I hereby authorize the release of information regarding my work history and performance with Clark County Juvenile Court to any prospective employer, or its authorized representative, who requests employment references and to whom I provide Clark County Juvenile Court as such an employment reference. I hereby waive any privilege that I have regarding this information with respect to such work reference inquiries and release Clark County and its Juvenile Court from any and all liability in connection with the disclosure of such information.

In providing information regarding my former work, your full cooperation will be greatly appreciated. A copy of this authorization is as valid as the original.

DATED this day of , 20

 Name