



CLARK COUNTY JUVENILE COURT

VOLUNTEER APPLICATION PACKET

500 W. 11th St.

PO Box 5000

Vancouver, WA

98666-5000

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: _____

2. Person's Name: _____ Years Known: _____
Relationship: _____
Address/City/State/Zip _____ Phone: _____

3. Person's Name: _____ Years Known: _____
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:

A valid driver's license number _____ State _____

No more than 1 moving violation in the past 3 years.

No violations involving drugs or alcohol (no DUI)

No history of suspended license

No chargeable accidents in the last 3 years

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, 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 disabled 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 _____

2. 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 _____

3. 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 _____

4. 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 _____

5. 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 _____

6. 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: _____

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 our 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