

# Sails Outlet Volunteer Application

Personal Information	
<b>Name:</b>	<b>Birthdate (MM/DD/YYYY):</b>
<b>Address:</b>	<b>Day Phone:</b>
<b>City/State/ZIP:</b>	<b>Evening Phone:</b>
<b>Gender:</b> Male      Female      Prefer not to disclose	<b>Email:</b>
<b>Emergency Contact Name:</b>	<b>Emergency Contact Phone:</b>

Experience and Availability	
<b>Do you volunteer now?</b>	Yes      No      If "yes", where?
<b>What languages do you speak?</b>	
<b>Seeking to volunteer for:</b>	Long-Term      Short-Term      Other:
<b>Availability:</b>	Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday
<b>Times available:</b>	
<b>Preferred station:</b>	Cashier      Donation Sorting/Pricing      Product Staging      Other:
<b>Please check all that apply:</b>	Cashier Experience      Customer Service Experience      Willing to transport donations

Optional Information	
<b>Do you have any disabilities or restrictions we should consider for placement?</b>	Yes      No
<b>If "yes", please describe:</b>	
<b>How did you hear about Sails Outlet?</b>	
Current/Former Volunteer      Friend      Staff      Television      Radio      Newspaper	
Other:	
<b>Please list your key strengths:</b>	

Consent and Photo Release	
<b>Do you give your permission for the use of your photo in publicity?</b>	Yes      No
<p>I understand that all information on this form is voluntarily supplied and may be disclosed for volunteerism purposes only. I hereby volunteer my services and understand that I am not a paid employee of Safe Harbor Support Center agency. I understand that I may choose among the volunteer jobs offered to me and I am under no obligation to accept any placement.</p>	
Name (Print):	Signature:      Date:

## Sails Outlet Volunteer Pledge of Confidentiality

Safe Harbor Support Center and Sails Outlet provide a wide range of services for children, youth and their families. Your role as a volunteer assisting in some capacity with those services is greatly appreciated. As a volunteer, it is essential for you to understand that any and all names you may view or hear in the course of your duties, as well as any written material or correspondence, is treated as confidential.

**“Confidential” means that any material seen or heard are not discussed or shared in any manner outside the agency in which they are working.**

Clients who receive services from Safe Harbor and Sails Outlet and it’s partners expect this confidentiality, and are promised the highest level of privacy by Safe Harbor and Sails Outlet policies and state and federal laws. A client can only authorize the sharing of information with another party with a signed release form. Your signature below indicates your understanding and pledge to treat your duties with the highest level of confidentiality and privacy, and to maintain the standards of service of Safe Harbor Support Center and Sails Outlet.

---

Name (Print)

---

Signature

---

Date





# Background Check Authorization

## List of Crimes and Pending Charges

This page **MUST** be attached to Page One of the Background Check Authorization form if 11A or 11B are marked "Yes."

**Important information about answering self-disclosure questions:** Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. It is recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.

<b>REQUIRED:</b> PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO ID		
FIRST:	MIDDLE:	LAST:

<b>REQUIRED:</b> DATE OF BIRTH (MM/DD/YYYY)
---

**Section 3. Question 11A.** If you check **YES**, you must enter the crime name, degree (if any), state, conviction date, and crime information.

1. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
---------------	-----------------	-------	------------------------------

Other crime information:  Attempted  Conspiracy  Domestic Violence  Solicitation  With Sexual Motivation  N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
---------------	-----------------	-------	------------------------------

Other crime information:  Attempted  Conspiracy  Domestic Violence  Solicitation  With Sexual Motivation  N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

3. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
---------------	-----------------	-------	------------------------------

Other crime information:  Attempted  Conspiracy  Domestic Violence  Solicitation  With Sexual Motivation  N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

**Section 4. Question 11B.** If you check **YES**, you must enter the PENDING charge name, degree (if any), state, and crime information.

1. CRIME NAME	DEGREE (IF ANY)	STATE
---------------	-----------------	-------

Other crime information:  Attempted  Conspiracy  Domestic Violence  Solicitation  With Sexual Motivation  N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
---------------	-----------------	-------	------------------------------

Other crime information:  Attempted  Conspiracy  Domestic Violence  Solicitation  With Sexual Motivation  N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

## Instructions for Completing the Background Check Authorization form, DSHS 09-653

These instructions provide general directions for completing the Background Check Authorization form. This form is used by multiple DSHS programs to meet varying background check needs. The DSHS oversight program requiring the background check may have additional instructions that you must follow.

**Important:** The requesting entity cannot submit your background check unless ALL required boxes are complete. Required boxes have the word "REQUIRED:" next to the box number. The requesting entity will submit your completed background check through the online Background Check System (BCS).

**This form is to be completed by the applicant,** the person whose background DSHS is checking.

BOX NO.	INSTRUCTIONS
1	Current Legal Name: List your first, middle, and last name as they are listed on your current Driver's License or other primary photo ID. Accepted government-issued photo ID includes any federal, state, or local government-issued ID, US military ID, US or foreign passport, or federally recognized tribal ID. Write <b>N/A</b> in each field that you do not have a name to enter.
2	Other Alias Names: Print all other first, middle, or last names you have used. Other names include nicknames, birth names, maiden names, etc. If you have not used any other first, middle, or last names, you must enter <b>N/A</b> in the appropriate box. Do not leave any of the boxes blank.
3	Print your date of birth listing the month, day, and year (MM/DD/YYYY).
4	Enter the daytime phone number, including area code, where you can be reached weekdays 8 AM to 5 PM.
5	Provide an email address where you can be reached.
6	You may choose to provide your Social Security Number. Your Social Security Number helps the Background Check Central Unit (BCCU) match your name and date of birth to existing records in our database and may speed up completion of your background check.
7A	Enter your Driver's License or state-issued ID number.
7B	The state where your Driver's License or ID was issued.
8	If you have continuously lived in Washington State without living in another state or country for the last three years (36 months), answer <b>NO</b> . If you have lived in any state or country other than Washington State within the last three years (36 months), answer <b>YES</b> .
9	Enter your mailing address where BCCU can send you confidential information such as a copy of your background check results.
10	Enter your street address if it is different than your mailing address. If you street address and mailing address are the same, enter <b>SAME</b> .
11A	You must check <b>YES</b> or <b>NO</b> . If you check <b>YES</b> , complete Page 2, Section 3, List of Crimes and Pending Charges, of the form by entering the crime name, degree (if any), state, and the conviction date (MM/DD/YYYY). Mark the correct other crime information box or <b>N/A</b> . If the crime was committed outside of Washington State, provide a brief description. If you need to list additional convictions, attach additional copies of Page 2, to the form. Include your name and all the required information listed above.
11B	You must check <b>YES</b> or <b>NO</b> . If you check <b>YES</b> , you must complete Page 2, Section 4, List of Crimes and Pending Charges, of the form by entering the pending charge name, degree (if any), and state. Mark the correct other crime information box or <b>N/A</b> . If the crime was committed outside of Washington State, provide a brief description. If you need to list additional pending charges, attach additional copies of Page 2, to the form. Include your name and all the required information listed above.
12 – 14	Read each question carefully before answering. You must check <b>YES</b> or <b>NO</b> . <b>Question 14: Permanent means the order was issued either following a hearing or by stipulation of the parties.</b>
15	Read the statements above and sign your name as it is listed in Box 1. If you are not 18 years old, a parent or guardian must sign for you.
16	Enter the month / day / year (MM/DD/YYYY) you signed Box 15.

**Important Information about Answering Self-Disclosure Questions (11A-14):** Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. Self-disclosures are reported as part of your background check result like any other background check history we receive. It is important that your answers to self-disclosure questions are accurate and consistent. It is strongly recommended that you answer self-disclosure questions the same way each time you complete the Background Check Authorization form unless the question has changed or the previous answer was wrong. It is also recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.

**Questions about the Background Check Process:** Contact the Background Check Central Unit (BCCU) by email [bccuinquiry@dshs.wa.gov](mailto:bccuinquiry@dshs.wa.gov) or phone at 360-902-0299.