



**COURT MANDATED FOOD BANK VOLUNTEER APPLICATION**  
**Please Complete in Full**

NAME: \_\_\_\_\_ PHONE: (day) \_\_\_\_\_ (eve) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

**EMERGENCY CONTACT**

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

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**AVAILABILITY**

How many hours per week will you be able to volunteer in the Food Bank? \_\_\_\_\_

How many hours total do you need to complete? \_\_\_\_\_

During which days might you be available to volunteer?

Tuesdays  Thursdays  Fridays

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I was referred by the \_\_\_\_\_ Court System.

Briefly describe what your offense was:

I need to have my hours completed by \_\_\_\_\_ (date).

I understand that I cannot begin my community service until I have submitted my court papers.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send your application to Kat Johnson, FamilyWorks Volunteer Coordinator, 1501 N 45<sup>th</sup> St Seattle, WA 98103-6708, email: [kathrynj@familyworksseattle.org](mailto:kathrynj@familyworksseattle.org), FAX: 206-694-6777, or call with any questions at 206-576-6534.

Comments: \_\_\_\_\_

START DATE \_\_\_/\_\_\_/\_\_\_ FINISH DATE \_\_\_/\_\_\_/\_\_\_ SHIFT: \_\_\_\_\_ # Hours Completed: \_\_\_\_\_

COURT PAPERWORK RECEIVED DATE OF COMPLETION LETTER \_\_\_\_\_



## Confidentiality Policy

It is important that all information regarding FamilyWorks' participants and employees be treated with great confidentiality to ensure a safe and respectful working environment.

Please do not discuss personal information about clients or staff with anyone outside of the center. Do not give out information such as addressees or phone number to anyone without staff authorization. If you are working on a staff member's computer, do not access any files that do not directly relate to your project.

**I have read the volunteer job responsibilities and expectations and the confidentiality policy and I agree to abide by them.**

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**Signature**

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**Date**

**WASHINGTON STATE PATROL**

Identification and Criminal History Section  
PO Box 42633, Olympia , WA 98504-2633

**REQUEST FOR CRIMINAL HISTORY INFORMATION  
CHILD/ADULT ABUSE INFORMATION ACT  
RCW 43.43 830 through 43.43.840**

**A**

**REQUESTING AGENCY/ADDRESS**

Agency: **FamilyWorks**  
Attn: **Jake Weber**  
Address: **1501 N 45<sup>th</sup> St**  
City /State / Zip **Seattle, WA 98103**

I certify this request pursuant to and for the purpose indicated.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
Director  
Title

**B**

**PURPOSE**

- ESD/School District Volunteer – no fee
- X Non – Profit Bus./ Org. - no fee ( Excluding Schools & ESD's)
- Profit Business / Org. -\$ 10
- Adoptive Parent -\$ 10

**Fees:**

Make payable to **Washington State Patrol** by cashier's check, money order, or commercial business account.

**NO PERSONAL / CERTIFIED CHECKS ACCEPTED**

**C**

**APPLICANT OF INQUIRY (Please Print)**

Applicant's Name: \_\_\_\_\_  
Last First Middle  
Alias/Maiden Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Month /Day/ Year

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

**Washington State Law requires that FamilyWorks secure a criminal history background check on all prospective employees and volunteers. Please fill in section C on the above Washington Patrol form.**

**Have you ever been convicted of a crime?** \_\_\_\_\_

**If yes, convicted of?** \_\_\_\_\_

**Date of conviction?** \_\_\_\_\_

**(If yes, conviction will not necessarily disqualify you).**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**