



**Security Background Release**

*Some agencies require background checks.*

I am willing to provide my name, references and fingerprints for a background check.

**Life Insurance Provided**

WVC provides a \$2,500 life insurance policy in case of accidental death during volunteer service.

For more information see the brochure in your packet or go to [www.whatcomvolunteer.org](http://www.whatcomvolunteer.org).

Name of Beneficiary: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Confidentiality Statement:** I understand that all information on this form is voluntarily supplied and may be used and disclosed in a professional manner and in good faith for the specific purpose of volunteerism only. I understand it is the policy of WVC to regard all information (both written and verbal) pertaining to staff, volunteers and clients served as confidential. Furthermore, I understand and agree to comply with the confidentiality statement as it pertains to information I may learn or be entrusted with as a volunteer in the community.

\_\_\_\_\_ *Please initial here*

**Insurance Statement:** I understand that if I use my personal vehicle during my volunteer service, I will arrange to keep in effect automobile insurance equal to the minimum state requirement and will inform the WVC office of any change in coverage or driver's license status in order to qualify for the excess automobile insurance coverage.

\_\_\_\_\_ *Please initial here*

**Drug Free Statement:** Whatcom Volunteer Center is committed to providing a drug free, healthful, safe and secure work environment for employees and volunteers. Each employee and volunteer is expected and required to report to work in an appropriate mental and physical condition to perform his/her assigned duties. WVC prohibits the use, possession or sale of illicit drugs in the workplace or when conducting agency business. WVC requires its employees and volunteers to be free from illicit drugs and to be free from the influence of alcohol or the influence of legal drugs where the potential for impairment or unsafe job performance is indicated. I understand this policy and agree to comply with it.

\_\_\_\_\_ *Please initial here*

Please sign and date this application form. This affirms you have read and understand the confidentiality, insurance and drug free statement on this form and that all above information is true to the best of your knowledge.

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

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

**\*PARENT/GUARDIAN SIGNATURE IS REQUIRED FOR THOSE UNDER 18**

I, \_\_\_\_\_, am the custodial parent/guardian of the above listed person. I give permission for him/her to become a member of Whatcom Volunteer Center and to participate in volunteer activities. I hold harmless the Whatcom Volunteer Center for any injury or other situations that may result from my child's choice to serve as a volunteer in the community. I do understand that when actively reporting hours of service, my child is covered under a secondary insurance policy in case of accidental injury. I have seen the insurance brochure. Furthermore, I understand that in some volunteer situations parental or adult supervision may be required in order for my child to participate. I agree to hold Whatcom Volunteer Center harmless and give my child permission to participate in volunteer activities.

\_\_\_\_\_  
*\*Parent Signature (required for Volunteers under 18)*

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

**Office use only**

Initial referrals \_\_\_\_\_

Other notes: \_\_\_\_\_

\_\_\_\_\_  
**Interviewer's Signature**

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