



Thank you for your interest in volunteering with Mobius! We are always looking for enthusiastic new volunteers to strengthen our team. You're on your way to enriching the lives of the youth and families in our community and having fun while doing so!

A few helpful hints on completing the volunteer application process:

- Please be sure that the application is completely filled out before returning to Mobius
- Washington State Patrol background check (page 5) must have sections C and D completed and signed. You do not need to fill out any portion of page 6.
- If you are under the age of 18, please make sure your parent/guardian has read and signed the application.
- Applications should be presented neatly and professionally.

Thank you again for your interest in becoming a part of Mobius! I will contact you soon to discuss your application. Please feel free to contact me with any further questions.

Best,

Alina Carleton  
Volunteer Coordinator  
[acarleton@mobiusspokane.org](mailto:acarleton@mobiusspokane.org)  
509.321.7219

## VOLUNTEER APPLICATION

<b>Name</b>			<b>Home Phone</b>			
<b>Street Address</b>			<b>Cell Phone</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date of Birth</b>			
<b>Email</b>						
<b>Where did you hear about volunteering at Mobius?</b>						
<input type="checkbox"/> Mobius website <input type="checkbox"/> Volunteer recruitment website <input type="checkbox"/> Mobius employee/volunteer <input type="checkbox"/> Visiting Mobius <input type="checkbox"/> Other: _____						
<b>Why are you interested in volunteering at Mobius?</b>						
<input type="checkbox"/> Community involvement <input type="checkbox"/> Work experience <input type="checkbox"/> Service learning credit <input type="checkbox"/> Corporate volunteer program <input type="checkbox"/> Other: _____						
<b>Do you have any felony or misdemeanor convictions?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please explain:						
<b>Are you currently enrolled in school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, name of school and major (if applicable):						
<b>Are you currently employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			My employer makes donations to organizations where its employees volunteer:			
If yes, name of employer:			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Please list any previous volunteer experience:</b>						
<b>Availability:</b>						
	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:00am-1:00pm						
1:00pm-3:30pm						
3:30pm-5:30pm						
<b>After-hours and/or special events:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Please list two work, school, or personal references that we may contact regarding your application. Please do not list family members or relatives.</b>						
Name and relationship to you			Phone number			
Name and relationship to you			Phone number			

## MEDICAL INFORMATION

This information will be kept confidential and will be used only in the event that you require assistance. It will not, in any way, act as a condition of your acceptance into the volunteer program.

<b>In case of emergency, contact:</b>		
Name and relationship to you		
Home phone	Cell phone	Work phone
<p><b>Do you require any special accommodations in your work area?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Please note that volunteers must be able to perform activities of daily living without assistance from Mobius staff while in the workplace.</p> <p>If yes, please describe:</p>		
<p><b>Are you currently taking any medications regularly?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list:</p>		
<p><b>Do you have any serious allergies?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list:</p>		
<p><b>Do you require emergency medication for these allergies?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please list and describe any medical administration that may be required in an emergency:</p>		
<p><b>Please list and describe any medical conditions of which emergency personnel or we should be aware of (eg. Seiures, diabetes, etc.):</b></p>		
<p><b>I give my permission to release this information to emergency medical personnel and those persons who serve as my immediate supervisors.</b></p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p><b>I authorize the administration of First Aid by Mobius staff in the event of an emergency.</b></p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Signature _____		Date _____
Parent/guardian signature _____		<i>Parent/guardian signature required if applicant is less than 18 years old.</i>

## CRIMINAL HISTORY CHECK

Mobius conducts a criminal history background check on all volunteers.

Please sign the acknowledgement below and complete sections C and D on the Washington State Patrol form on the next page. You do not need to fill out any portion of the last page, titled "Child/Adult Abuse Record Search Guidelines".

<b>Consent for Criminal Background History Check</b>	
<p>I hereby authorize Mobius and/or its agents to make an independent investigation of my criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteering now, and if applicable, during the tenure of my volunteer work with Mobius.</p> <p>I release Mobius and/or its agents, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.</p>	
<b>Signature</b> _____	<b>Date</b> _____
<b>Parent/guardian signature</b> _____	
<i>Parent/guardian signature required if applicant is less than 18 years old.</i>	

<b>For use by Mobius staff:</b>	Verified	Initials	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 43.43.845

<p><b>A REQUESTING AGENCY/ADDRESS</b></p> <p>Agency _____</p> <p>Attn _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____ Authorized Signature Date</p> <p>_____ Title ( ) Area Code/Phone Number</p>	<p><b>B PURPOSE</b> Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p><b>Fees:</b> Make payable to <b>Washington State Patrol</b> by check, money order, or business account.</p> <p><b>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</b></p> <p>_____ <b>Notarized Letter(s)</b></p>
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**C APPLICANT OF INQUIRY** (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

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

**D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

\_\_\_\_\_ Requesting Agency

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Applicant's Name

\_\_\_\_\_ Address

\_\_\_\_\_ City/State/Zip

# CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES



Refer to Revised Code of Washington ([RCW 43.43.830-43.43.845](#)) for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses or organizations. Other states must conduct searches under the Criminal Records Privacy Act, [RCW 10.97](#).

- 1. Searches may be conducted only on prospective employees, volunteers, adoptive parents, prospective clients, or resident.** Background checks may be conducted on prospective employees, volunteers, or adoptive parents who will be or may have unsupervised access to children less than sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment decisions only. A prospective client's or resident's conviction record—upon the request of a business or organization that qualifies for exemption under section 501(c)(3) of the internal revenue code of 1986 (26 U.S.C. Sec. 501(c)(3) and that provides emergency shelter or transitional housing for children, persons with developmental disabilities, or vulnerable adults.
- 2. Applicants must be notified an inquiry may be made.**  
A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer, that an inquiry may be made.
- 3. A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.**  
A business or organization shall require each applicant to disclose whether the applicant has been:
  - (a) Convicted of a crime;
  - (b) Had findings made against him or her in any civil adjudicative proceeding;
  - (c) Has both a conviction and findings made against him or her.
- 4. Applicants must be notified of the response.**  
The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

## Notes:

- "Business or organization" means a person, business, or organization licensed in this state, any agency of the state, or other governmental entity, that educates, trains, treats, supervises, houses, or provides recreation to developmentally disabled persons, vulnerable adults, or children under sixteen years of age, or that provides child day care, early learning, or early learning childhood education services, including but not limited to public housing authorities, school districts, and educational service districts.
- "Client" or "resident" means a child, person with developmental disabilities, or vulnerable adult applying for housing assistance from a business or organization.
- The business or organization shall use this record only in making the initial employment or engagement decision. Further dissemination or use of the record is prohibited. A business or organization violating this subsection is subject to civil action for damages.
- Responses are limited to **Washington State records only**.

**NOTE:** The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.

I have read and understand the above **CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES** pursuant to Revised Code of Washington ([RCW 43.43.830-43.43.845](#)).

User Name \_\_\_\_\_ Account # \_\_\_\_\_

User Signature \_\_\_\_\_ Date \_\_\_\_\_

Reset password?  YES or  NO

**MUST BE SIGNED BY ALL NON-PROFIT ACCOUNT USERS**

Fax to (360) 534-2073