

Volunteer Application 2024



At Solid Ground, we believe poverty is solvable – but we can't do it alone!

Our volunteers are invaluable. Like us, they're dedicated to undoing racism and promoting social justice. Together we meet basic needs, nurture success, and spread change.

*NOTE: All sections marked with * are required. Please write N/A in required sections not applicable to you.*

VOLUNTEER INFORMATION

Today's Date: ___/___/___

First Name:* _____ Last Name:* _____ Pronouns: _____

he/him, she/her, they/them, etc.

Phone:* (____) _____ Email:* _____

Home Address:* _____

City:* _____ State:* _____ Zip:* _____

Employer: _____

My employer matches volunteer hours Yes No I'd like to volunteer for school credit Yes No

Birthdate:* ___/___/___

Note: Birthdate is required for our annual background check process. If you're 55 or older, you're eligible for enrollment in RSVP (Retired and Senior Volunteer Program), and we'll contact you with more information on how to become a member. Also, if you're under 18, your parent or guardian may need to sign an Underage Volunteer Waiver.

VOLUNTEER POSITION INTEREST

Are you applying to a specific program or position?* _____

What kind of volunteer activities are you interested in? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Administrative and program support, e.g., data entry | <input type="checkbox"/> Special events <input type="checkbox"/> Community outreach |
| <input type="checkbox"/> Youth activities and play groups at our Broadview domestic violence shelter and transitional housing | <input type="checkbox"/> Community Accountability Council (CAC) |
| <input type="checkbox"/> Tutoring and activity groups for children and youth at Sand Point Housing | <input type="checkbox"/> Solid Ground Board of Directors |
| <input type="checkbox"/> Gardening, growing, and harvesting produce at Marra Farm in South Park | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Community Food Education cooking/nutrition classes | |
| <input type="checkbox"/> Magnuson Park Food Pantry at Sand Point Housing | |

Do you speak any language(s) other than English? If yes, please specify:

Where are you able to volunteer?

Please note that not all opportunities are available at all locations.

Any location North Seattle Central Seattle South Seattle West Seattle Virtual/online

Other/Comments: _____

Have you volunteered at Solid Ground before? If yes, please list your volunteer role(s): _____

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Do you have relative(s) and or friend(s) employed by Solid Ground? If yes, please specify:

Name: _____ Job Title: _____ Relationship: _____

What interests you about volunteering with Solid Ground? What are some skills or experience you'd like to contribute and/or gain?

Solid Ground's race and social justice efforts build on the understanding that undoing poverty means undoing racism and other oppressions. Please describe your experience and interest in working with people living on low incomes from diverse backgrounds (including race, culture, gender, sexual orientation, religion, socioeconomics, age, etc.):

How did you learn about volunteering with Solid Ground?

- Friend/relative
- Facebook or Instagram
- Solid Ground website
- RSVP (Retired and Senior Volunteer Program)
- Solid Ground employee: _____
- News outlet: _____
- Event: _____
- Other: _____

EMERGENCY CONTACT

First Name:* _____ Last Name:* _____

Phone:* (____) _____ Email:* _____ Relationship:* _____

BENEFICIARY INFORMATION

Volunteer Supplemental Accident & Liability Insurance is available if you get injured while you're volunteering with Solid Ground (including a small death benefit). Please provide your beneficiary's contact information here:

First Name: _____ Last Name: _____

Phone: (____) _____ Email: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

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REFERENCES

We contact references for all volunteer positions that work with children or vulnerable adults. Work, volunteer, school, or personal references (excluding family members or spouse/partners) are acceptable. We contact references after a prospective volunteer attends an orientation. Two references are required.

First Name:* _____ **Last Name:*** _____

Phone:* (_____) _____ **Email:*** _____ **Relationship:*** _____

First Name:* _____ **Last Name:*** _____

Phone:* (_____) _____ **Email:*** _____ **Relationship:*** _____

First Name: _____ **Last Name:** _____

Phone: (_____) _____ **Email:** _____ **Relationship:** _____

AUTHORIZATION*

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with Solid Ground.

_____ (Initial) **Authorization***

CONFIDENTIALITY AGREEMENT*

In signing this agreement, I acknowledge that I have read and understand Solid Ground’s confidentiality policies. I understand and agree that in the performance of my duties as an employee or volunteer of Solid Ground, I must hold certain information regarding clients, employees, and volunteers in the strictest confidence. Further, I understand that confidentiality is protected by Federal law (42CF R Part II and Uniform Health Care Information Act), and that any intentional or involuntary violation of the confidentiality with regard to clients, employees, and/or volunteers may result in disciplinary action including suspension and/or termination.

_____ (Initial) **Confidentiality Agreement***

LIABILITY RELEASE*

I hereby release, indemnify, and hold harmless Solid Ground, its officers, directors, and employees, and the organizers, sponsors, and supervisors of all Solid Ground activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with Solid Ground.

_____ (Initial) **Liability Release***

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MEDIA RELEASE *(optional)*

In initialing and signing below, I agree to be photographed, videotaped, and/or recorded while volunteering with Solid Ground. I understand that Solid Ground will own rights to and may use this media (photographs, videos, audio recordings, and/or my statements), in whole or part, in Solid Ground materials such as printed publications, the Solid Ground website (www.solid-ground.org), videos, social media, grant proposals, and promotional materials to support Solid Ground and its programs. As far as I know, what I say and do in this media will not violate the rights of any other person or company. If I no longer want my photos and/or story to be used, I agree to contact the Solid Ground Communications Department at publications@solid-ground.org or 206.694.6716. Once requested, Solid Ground will not create new materials using participants' media – but we may continue to use already printed materials until we can make replacements.

_____ (Initial) **Media Release**

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We're unable to accept typed signatures, so please print this PDF and sign below or insert an electronic signature. Please note that if you're under 18, your parent or guardian may also need to sign an Underage Volunteer Waiver.

Volunteer Signature:* _____ **Date:** ____ / ____ / ____

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OPTIONAL: Supplemental Data Questions

The following questions help Solid Ground track various demographic data. This information won't be used for screening and placement.

Are you a veteran? Yes No **Are you living with a disability?** Yes No

Ethnicity Hispanic, Latinx, or Spanish Origin Not Hispanic, Latinx, or Spanish Origin

Race: *If you're a person with a multiracial or multicultural background, please check all appropriate boxes.*

- | | |
|---|---|
| <input type="checkbox"/> American Indian, Native American, or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Multiracial (any two or more of the above) |
| <input type="checkbox"/> Other (please specify): _____ | |

Please submit your completed application and signed Washington State Patrol background check form (see next pages) to Solid Ground's Volunteer Coordinator by mail, fax, or email:

1501 North 45th Street, Seattle, WA 98103

volunteers@solid-ground.org

PH: 206.694.6825 | FAX: 206.694.6777

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>A REQUESTING AGENCY/ADDRESS</p> <p>Solid Ground Agency</p> <p>Attn 1501 N 45th St</p> <p>Address Seattle WA 98103</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 PURPOSE Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & 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>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</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.

Solid Ground
Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

**WASHINGTON STATE PATROL
REQUEST FOR CRIMINAL HISTORY INFORMATION**

Have you ever been convicted of a crime? _____

If no, I certify that I have not been convicted of any of the attached crimes as listed under RCW 43.43.830 through RCW 43.43.842 which are crimes against vulnerable adults and/or children:

Signature

Date

Print Name

If yes, convicted of? _____,
(If yes, conviction will not necessarily disqualify you.)

Date of conviction? _____.

Place of Conviction _____,
City State

Signature

Date

Print Name

Washington State Law requires that Solid Ground secure a criminal history background check on all prospective employees and volunteers. Please fill in section C and D on the attached Washington State Patrol, form WSP-CRD-430.

List of Crimes Against Vulnerable Adults and Children as per Washington State
RCW 443.43.830 through RCW 43.43.842
Updated June 2002

Abandonment of a child
Abandonment of a dependent person
Abuse or neglect of a child
Arson
Assault (no degree), Assault 1, 2 or 3
Assault 4/simple assault (disqualified for 3 or more years from date of conviction)
Assault of a child
Burglary (no degree) or Burglary 1
Carnal knowledge
Child buying or selling
Child molestation
Communication with a minor for immoral purposes
Criminal mistreatment
Custodial assault
Custodial interference
Custodial sexual misconduct
Dealing in depictions of minor engaged in sexual explicit conduct
Delivery of a controlled substance
Extortion
Forgery (disqualified for 5 or more years from date of conviction)
Incest
Indecent exposure/ Public indecency (felony)
Indecent liberties
Kidnapping
Malicious harassment
Manslaughter
Manufacture of a controlled substance
Murder/ Aggravated murder
Patronizing a juvenile prostitute
Possession w/intent to deliver a controlled substance
Possession w/intent to manufacture a controlled substance
Promoting pornography
Promoting Prostitution (no degree)
Promoting Prostitution 1
Prostitution (disqualified for 3 or more years from date of conviction)
Rape
Rape of a child
Registered sex offender
Robbery
Selling or distributing erotic material to a minor
Sending or bring into the state depictions of a minor
Sexual exploitation of minors
Sexual misconduct with a minor
Theft (no degree)
Theft 1
Theft 2 (disqualified for 5 or more years from date of conviction)
Theft 3 (disqualified for 3 or more years from date of conviction)
Unlawful imprisonment
Vehicular homicide (negligent homicide)
Violation of child abuse restraining order
Violation of protection/contract/restraining order