



HOUSING AND HEALTH
TO END HOMELESSNESS

Volunteer Application

Downtown Emergency Service Center

Thank you for your interest in volunteering at DESC! Please fill out this application in its entirety. You may include a copy of your resume if you wish. The information that you provide will help us to match you with the most appropriate and challenging volunteer service.

Please mail your completed materials to Volunteer & In Kind Gifts Officer, DESC 515 3rd Ave, Seattle, WA 98104, or fax them to (206) 624-4196. You can direct questions to 206-464-1570, ext. 3030 or volunteer@desc.org.

Personal Information

Name _____ Date _____
 first middle last

Address: _____
 street City Zip

Phone _____ Email Address _____

Emergency contact: Name _____ Phone _____

Relationship _____

Birth Date: _____ (*This information is needed for a criminal background check.*)

How did you hear about DESC? _____

Employment and Educational Background

Are you currently employed? _____ If so by whom? _____

Title and Responsibilities: _____

Education: highest degree or grade completed _____

References

Please list two personal references who are not related to you (If possible, please try to include one employer, paid or volunteer) :

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Volunteer Interests

In what program are you most interested in volunteering? (Circle all that apply)

- Shelter
- Mental Health
- Administration
- Housing Program
- Information Services (IT)
- Fund Development

What volunteer position(s) are you interested in? (See <http://bit.ly/descvolunteer> for openings)

How many hours a week would you like to volunteer? (minimum of two hours/week)_____

What days and times?_____

Are you willing to make a commitment of six months? _____

Background and Experience

Why have you decided to volunteer at DESC and what do you hope to gain from this experience?

Have you been convicted of a crime, had finding made against you in a civil adjudicative proceeding or both? If yes, please explain. (Note: this will not necessarily disqualify you from volunteering).

Please note that DESC does conduct criminal background checks on volunteers. Results available upon request.

Please feel free to write in the space below any other information that you think is important for us to know about you. Please include your previous volunteer or work experiences and special skills including languages.

Downtown Emergency Service Center
515 Third Avenue, Seattle, WA 98104, (206) 464-1570
GENERAL RELEASE AND HOLD HARMLESS AGREEMENT

I, _____ (*name of person*), desire to participate in volunteer programs, events or activities (hereafter known as "Activities") operated or sponsored by The Downtown Emergency Service Center.

I understand and acknowledge that The Downtown Emergency Service Center will not allow me to participate in the Activities without releasing and holding the Downtown Emergency Service Center harmless from any liability arising out of my participation in the Activities. I have investigated the risks involved in my participation in the Activities and fully understand and assume such risks. Specifically, I understand and acknowledge that I may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss, damage or theft of personal property, imprisonment, abduction, and even death.

I REQUEST THAT THE DOWNTOWN EMERGENCY SERVICE CENTER ALLOW ME TO PARTICIPATE IN THE VOLUNTEER ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE DOWNTOWN EMERGENCY SERVICE CENTER, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE DOWNTOWN EMERGENCY SERVICE CENTER, FROM EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH I PARTICIPATE. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE FOR ALL LIABILITY, COST, INJURIES, DAMAGES, AND CAUSES OF ACTION SUIT WHICH I MAY SUSTAIN AS A RESULT OF MY PARTICIPATION IN ANY VOLUNTEER ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

This Agreement is binding on my heirs, successors, and personal representatives.

Dated: _____ Signed: _____

MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

In the event I suffer an injury or condition during my participation in the Activities, including transportation to and from the Activity, which may endanger my life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and as the result of which I am unable to make an informed decision regarding such treatment, I hereby appoint _____ (*name of person*) my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care. This power of attorney shall terminate when, in the opinion of my attending physician, I am competent to make informed decisions regarding the need for medical treatment.

Dated: _____ Signed: _____

Dated (for DESC): _____ Witness (for DESC): _____

Agent's address _____ phone _____

Liability Release – I hereby release, indemnify and hold harmless the Downtown Emergency Service Center from any and all liability in connection with any injury (including injury caused by negligence) in conjunction with this volunteer activity. I likewise hold harmless from liability any person transporting me to or from any DESC volunteer activity.

Signature: _____ Date: _____

Communications Release - I hereby give the Downtown Emergency Service Center my free and unlimited consent and permission, waiving all claims for any compensation by reason thereof or for damages by reason thereof, to use, publish, republish, or exhibit in the furtherance of its work, with or without identification of me by name, the photographs, videos or statements taken on this day of volunteering, and to disseminate statements referring to me in conjunction therewith if the Downtown Emergency Service Center so desires and to authorize any newspaper, company or other organization to use, publish, republish or exhibit said photograph with or without identification of me by name and to publish or disseminate statements referring to me in conjunction therewith in the promotion of the Downtown Emergency Service Center and any of its fund campaigns or any of its activities.

Signature: _____ Date: _____

Downtown Emergency Service Center Confidentiality Agreement

I, _____ (*name of person*) agree not to divulge, publish or otherwise make known to unauthorized persons, any information regarding clients, former clients or persons applying to become clients, obtained through DESC or other public and private agencies. I understand that DESC shares client information with other individuals and agencies only on a clear need-to-know basis.

I agree to protect the privacy of DESC clients and that personal information gained about and/or observations of clients will be handled in accordance with agency policy, contract requirement, state law (Revised Code of Washington 70.96A, 71.05, 71.24, 7.34 and Washington Administrative Code 388-877), federal regulations (42 Code of Federal Regulations), with HIPAA (Health Insurance Portability & Accountability Act of 1996), and with all other applicable laws and regulations.

I further agree to comply with the Washington State client rights protections in Washington Administrative Code 388-877, 388-877A, and 388-877B. If I have doubt about releasing information about a client, I will consult my supervisor and/or program manager.

I understand that my obligations to protect client confidentiality continue despite any termination of employment/internship/volunteer or change in job responsibilities.

I recognize that unauthorized disclosure of confidential information may subject me to DESC disciplinary action up to and including termination of my employment, and may subject me to civil liability under the provisions of Washington state law (Revised Code of Washington 70.02.170 and 71.05.440) and/or to federal criminal proceedings (42 Code of Federal Regulations), and/or additional liability under other applicable laws and regulations.

Signature of Person

Date

Signature of Witness (for DESC)

Date

TUBERCULOSIS (TB) INFORMED CONSENT WAIVER

What is TB?

TB is a bacterial disease that usually affects the lungs but can involve almost any part of the body. TB is an airborne germ which can be inhaled by another person. The transmission is very unlikely to occur during a short exposure. Prolonged or repeated contact with an infectious person is usually necessary for transmission to occur.

There is a big difference between TB *infection* and TB *disease*. TB infection is the presence of TB bacteria that are dormant or “inactive” in the body. It is acquired by inhaling the germs from someone who has TB disease. The person with TB infection is at risk of developing TB disease in their lifetime.

The most common symptoms of active TB disease are a *persistent, worsening cough, fever, chills, night sweats, fatigue, loss of appetite and weight loss* all for a duration of 3 weeks or longer.

What is the risk of contacting TB while volunteering at DESC?

Homeless people are at much higher risk for becoming infected with the TB germ and developing TB disease than the general population. Persons who are in a frequent contact with homeless people are also at increased risk.

How can this risk be reduced?

Participate in TB skin testing when a known exposure has occurred.

Think prevention! Remind clients and staff to cover their noses and mouths with tissue when coughing/sneezing.

Use your eyes and ears. Discuss with DESC staff if a client who looks or sounds sick with symptoms consistent with TB for prompt evaluation.

By signing below, I understand the TB risks involved with volunteering at DESC.

Name of volunteer

Signature

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

(Instructions on Reverse Side)

A REQUESTING AGENCY/ADDRESS

Agency _____

Attn _____

Address _____

City/State/Zip _____

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

Authorized Signature _____

Date _____

Title _____

Area Code/Phone Number _____

B PURPOSE

Check appropriate box

- Educational School District (ESD)/School District Volunteer - no fee
- Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)
- Profit Business/Organization - \$10
- Adoptive Parent - \$10

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

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

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

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

D IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

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

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

WSP Use Only

Valid Two Years From Issue

Applicant Right Thumb Print (Optional)