



1-844-509-SAFE

956 S. Main Street, Colville, WA 99114

42 Klondike Road, Republic, WA 99166

Greetings Potential Volunteer!

Thank you for your interest in volunteering with Rural Resources Victim Services. Volunteers are essential in every aspect of our mission to establish an abuse-free environment in Ferry and Stevens Counties

I look forward to receiving your application and discussing volunteer opportunities. Enclosed you will find a Volunteer Fact Sheet, an Application, a Disclosure Form, and Criminal Background Check. Please complete all forms and return to me. It is only necessary to complete sections C & D on the Background Check.

Once I have received your forms and background report, I will contact you to set an appointment for an interview. During this interview we will discuss opportunities for volunteering as well as your availability to attend a required 30-hour pre-service training. This training will prepare you to work directly with clients in crisis.

Thank you for your interest in supporting the work of Rural Resources Victim Services. I am confident that you will find it to be a rewarding experience.

Sincerely,

Lisa Greene

Volunteer Supervisor

Phone: (509) 684-3796

Email: lgreene@ruralresources.org

Volunteer Fact Sheet

Volunteers are essential in every aspect of our mission.
Here's how you can help!

Direct Service Volunteer Opportunities – 30-hour training required

- *Take 2 to 3 Help Line shifts per month*
- *Provide Childcare or Transportation for Clients*
- *Fill in as Receptionist*
- *Provide support during a sexual assault forensic exam at hospital or clinic*
- *Mentor a teen survivor of abuse (on an as needed basis)*

Project Oriented or Time Limited Activities – 30-hour training not required

- *Assist with office projects*
- *Participate in fundraising events*
- *Community education and awareness*
- *Donate items as needed*
- *Prepare meals and desserts*

Volunteer Requirements:

- ❖ Complete application and pass a background and reference check.
- ❖ Meet with Volunteer Program Manager for an interview.
- ❖ Complete the 30-hour Pre-service Training (when required).
- ❖ Agree to a background check every two years.
- ❖ Attend required continuing education trainings (when required).
- ❖ Be available to communicate with Volunteer Program Manager by phone or email.
- ❖ Have no accusations, arrests, charges or convictions of child or vulnerable adult abuse, neglect or molestation. No conviction of a felony.
- ❖ Not use alcohol or controlled substances in an excessive or inappropriate manner.
- ❖ Adhere to the confidentiality policies of Rural Resources Victim Services.

We serve all persons of diverse ages, ethnic and socio-economic backgrounds, sexual orientations and preferences, and lifestyles.

VOLUNTEER APPLICATION

The information you provide will be kept confidential. Upon receipt of your application, your background check will be completed, and an interview will be set with the Volunteer Program Manager.

Name: _____ Birthdate: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

Please list the names, relationship, and ages of anyone else living in your home.

Name	Relationship	Age

Please list all other addresses you have lived at during the past 5 years. Use another sheet if necessary.

Address: _____
(Street) (City) (State) (Zip)

Address: _____
(Street) (City) (State) (Zip)

1. Have you volunteered with any program at Rural Resources in the past? No Yes
If so, when? _____, and which program?

2. Why are you interested in volunteering for Victim Services? _____

3. Please discuss your experience with domestic violence, sexual assault, child abuse and other crimes (i.e. training, personal experience, counseling, etc.)



Which of the following volunteer opportunities interest you?

(Check as many as you like. You may change your selections at any time)

- | | |
|---|--|
| <input type="checkbox"/> Help Line* | <input type="checkbox"/> Office support (Transporter, Childcare)* |
| <input type="checkbox"/> Receptionist* | <input type="checkbox"/> Mentor a teen survivor of abuse (as needed basis only)* |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Community education and awareness |
| <input type="checkbox"/> Item and meal donation | <input type="checkbox"/> Support during a sexual assault forensic exam* |

The above activities marked with * require a 30-hour pre-service training. The state requires continuing education each year if working with clients. Are you able to fulfill this volunteer requirement? Yes No

EDUCATION HISTORY

Have you graduated from High School or passed the General Education Development Test? Yes No

PLEASE LIST ALL INSTITUTIONS OF EXTENDED LEARNING THAT YOU HAVE ATTENDED:

SCHOOL NAME/LOCATION	HOW MANY YEARS ATTENDED	DATES ATTENDED	DEGREE OR CERTIFICATE OBTAINED	MAJOR/MINOR

EMPLOYMENT HISTORY

Please list your past/present employers or volunteer experience for the last 5 years, beginning with your most recent.

Employer: _____ From: _____ to _____
(mo/yr) (mo/yr)

Address: _____ Telephone: _____

Duties: _____ Title: _____
_____ Hrs worked per week: _____

Number of Employees Supervised: _____ Total Time Employed: _____

Your Direct Supervisor: _____ Reason for Leaving: _____

Employer: _____ From: _____ to _____
(mo/yr) (mo/yr)

Address: _____ Telephone: _____

Duties: _____ Title: _____
_____ Hrs worked per week: _____

Number of Employees Supervised: _____ Total Time Employed: _____

Your Direct Supervisor: _____ Reason for Leaving: _____

Please use another sheet of paper if you have additional positions to describe or attach a current resume in lieu of completing this section.

REFERENCES

Please list three persons **who are not relatives** and who have definite knowledge of your qualifications for the volunteer position(s) for which you are applying. Please avoid repeating names of supervisors listed under Employment History.

Full Name	Relationship to Applicant <small>(friend, co-worker, etc.)</small>	Mailing Address <small>(We must have a valid mailing address or email address.)</small>	Telephone Number	Business or Occupation
1.				
2.				
3.				

Thank you for expressing interest in volunteer opportunities at Rural Resources Victim Services. If you have any questions, you may call the Volunteer Program Manager at (509) 685-6134. Please return your completed application to:

Rural Resources Victim Services, 956 S. Main Street, Colville, WA 99114 ~ Phone: 509-684-3796

AFFIDAVIT

Please read each statement carefully before signing

As a volunteer applicant for Rural Resources Victim Services, I authorize you to conduct a background investigation.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand any investigation conducted may include a request for employment and educational history, driving records, and criminal history. I authorize whether listed or not, any person, school, current and former employer, and any other organization or agency to provide information relevant to such investigation and **I hereby release all persons and organizations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so.**

I have read, understand, and by my signature consent to these statements.

Signature

Date

Please return:

- 1. This completed Application*
- 2. Signed Applicant Disclosure form*
- 3. WSP Criminal Background Check form – complete and sign section C & D only*

To: RURAL RESOURCES VICTIM SERVICES, 956 S. MAIN, COLVILLE, WA 99114

Please contact the Volunteer Program Manager with any questions at: 509-684-3796

Rural Resources Victim Services

APPLICANT DISCLOSURE, PURSUANT TO RCW 43.43.834 CHILD/ADULT ABUSE INFORMATION ACT

Answer **YES** or **NO** to each listed item. If the answer is **YES** to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against children or other persons, as follows: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.

YES NO If YES, please explain: _____

2. Have you ever been convicted of a crime related to drugs under RCW 43.43.830 (6), manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance?

YES NO If YES, please explain: _____

Rural Resources Victim Services

3. Have you every been convicted of crimes relating to financial exploitation under RCW 43.43.830 (7 & 10) or RCW 74.34.020 (6): first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; the illegal or improper use of the property, income, resources, or trust funds of the vulnerable adult by any person for any person’s profit or advantage, or any of these crimes as they may be renamed in the future?

YES NO If YES, please explain: _____

4. Have you ever had findings against you in any civil adjudication proceeding under RCW 43.43.830 (3) as stated?: "Civil adjudication proceeding" is a judicial or administrative adjudicative proceeding that results in a finding of, or upholds an agency finding of, domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or vulnerable adult under chapter [13.34](#), [26.44](#), or [74.34 RCW](#), or rules adopted under chapters [18.51](#) and [74.42 RCW](#). "Civil adjudication proceeding" also includes judicial or administrative orders that become final due to the failure of the alleged perpetrator to timely exercise a right afforded to him or her to administratively challenge findings made by the department of social and health services or the department of health under chapter [13.34](#), [26.44](#), or [74.34 RCW](#), or rules adopted under chapters [18.51](#) and [74.42 RCW](#).

YES NO If YES, please explain: _____

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature: _____

Date and Place Signed: _____

Witness: _____

Business and Organization: Rural Resources Victim Services
 956 S. Main Street
 Colville, WA 99114

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 Rural Resources Community Action Agency <hr/> Agency Laurie Cole <hr/> Attn 956 S. Main Street <hr/> Address Colville, WA 99114 <hr/> City/State/Zip</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;">Authorized SignatureDate</p> <hr/> <p>Administrative Asst. (509) 685-6088 Title Area Code/Phone Number</p> </div>	<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 style="text-align: right;">_____ 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.

Rural Resources Community Action Agency

 Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip



***Every Victim. Everywhere.
No Exceptions.***

WE PROMISE

to listen
to believe you
to help you get and stay safe
to not judge you
to inform you of your options
to help you rebuild your life
to keep your information confidential

Our services are FREE & CONFIDENTIAL

**24-HOUR HELP LINE
1-844-509-SAFE**



"RuralVictimHelp"

www.RuralResources.org

Services We Provide

- ♥ A 24-hour Help Line answered by staff during business hours and trained volunteers after hours
- ♥ Safe shelter for victims of domestic violence and their children
- ♥ Crisis intervention by trained and caring staff members who listen and help with safety planning, options, and services
- ♥ Information and referral to other services, including legal and financial help, counseling, housing, employment, and medical care
- ♥ Help with court orders so victims can gain legal protection
- ♥ Advocacy to help victims get legal, medical, financial, and other services
- ♥ Support groups for victims of domestic violence
- ♥ Therapy referrals to contracted qualified therapists
- ♥ Community education on domestic violence, sexual assault, and other crimes. Call us if you would like a speaker to present to your group

FOR MORE INFORMATION

Colville Office:

956 S Main Street
Colville, WA 99114
509-684-3796

Republic Office:

42 Klondike Road
Republic, WA 99166
509-775-3331

Inchelium Outstation:

39 Shortcut Road
Inchelium, WA 99138
509-722-7689
(limited hours)

Statewide Crime

Victim's Hotline:
1-888-288-9221