



THE LANDING

A HEALING PLACE FOR KIDS

Dear Friend:

I am so glad that you are interested in joining the dedicated group of volunteers at "The Landing... a healing place for kids." I can tell you that becoming involved with this program can be a rewarding, meaningful, and enjoyable way to offer a valuable gift to your community.

This packet of information is intended to give you an overview of the program, what you might expect from the experience, and what we would expect from you as a participant.

When you have read through the information, please fill out the application, sign the necessary forms, and return them in the envelope provided. Someone will be in touch to schedule an appointment.

Thank you for thinking of us! Please let me know if you have any questions or concerns about any of the information provided here.

Sincerely,

Sandi Sims,
Chairman

Contact: Ellen Johnson – 360-856-7315
Sandi Sims – 360-856-4274 or 360-420-9390 (The Landing)
Email: thelanding1@mac.com

*The Landing is a program of the
United General Hospital Foundation, a Charitable Organization
under Code 501(c)(3) of the Internal Revenue Code
IRS ID# 57-1212537*



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Volunteer Application

Name:	Birthdate:
Home Address: City: State: Zip:	Home Phone:()
Emergency Contact Name:	Emergency Phone:()
Your Employer:	Work Phone:()
Training Dates Requested:	E-Mail:

Please check below:

- I understand that I am required to attend all sessions of the Volunteer Facilitator Training before I can become a facilitator in a peer support group sponsored by The Landing.
- I understand that The Landing reserves the right to accept or reject any potential trainee as a facilitator even after he/she has completed the training sessions.
- I understand that this training is offered **only** to those who intend to volunteer at The Landing for least one year. As a facilitator of a peer support group sponsored by The Landing the minimum commitment is for 3½ hours per session in a group that meets every other week.
- I understand that by applying to be a volunteer, I am being asked to complete a "Request for Washington Criminal History Information" form required by the State of Washington (enclosed).

Signature _____ Date _____

5. Below are the times, days, and age groups for sessions. Please, check your availability and preferences. Groups meet on an every other week basis, but do not meet from mid-July through mid-September.

		Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
Morning	7 a.m. - Noon							
Afternoon	Noon - 4 p.m.							
Evening	4 p.m. - 8 p.m.							

3-5 years old
 6-12 years old
 11-14 years old
 13-18 years old
 adults

MEMORANDUM

To: New Volunteers

Fr: Ellen Johnson, Director of Volunteer Services

Re: Child and Adult Abuse Information Act

In 1987, The Washington State Legislature passed the Child and Adult Abuse Information Act. This law requires that employees and/or Volunteers hired on or after January 1, 1988, who will or may have unsupervised access to and who will may be directly responsible for the care, supervision or treatment of children or developmentally disabled persons, must make a written disclosure of certain civil adjudications, convictions, records of crimes against persons and, for licensed personnel, disciplinary board final decisions. Background inquiries on these matters will be made to the appropriate state or federal law enforcement agencies. In compliance with this law, we are required to obtain disclosure statements from newly hired employees and volunteers as outlined above. We keep all information received in the strictest confidence.

Have you ever been convicted of a crime against persons? (A crime against persons includes any of the following offenses: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree statutory rape; first or second degree robbery; first degree arson; first or second degree manslaughter; first degree burglary; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promotion prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation or minors; first or second degree criminal mistreatment; or any of these crimes as they may be renamed in the future.)

Yes

No

Have you ever been found in (a) disciplinary action, (b) domestic relations proceeding, or (c) disciplinary board final decision to have sexually assaulted or exploited a minor or to have sexually abused a minor?

Yes

No

If you answered "Yes" to any of the above, please describe and provide the date(s) of the finding(s) and the penalty (penalties) imposed.

We require your legal name and birth date, plus other optional information, to obtain from the Washington State Patrol Criminal Identification System a report of your record and criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are able to begin before that report is available, **your volunteer status will be conditioned upon the receipt of a satisfactory report.** A thumbprint may be required to later verify information received from the State Patrol.

We will be notified of the State Patrol's response within 10 days after they receive the report. We will make a copy of the report available to you upon request. All information will be confidential.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that I can be discharged from volunteering for any misrepresentation or omission in the above statement. I also understand that my volunteer status is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signature: _____

Print Name: _____

Social Security Number: _____

Date of Birth: _____

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)

<p>(A) REQUESTING AGENCY/ADDRESS</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) PURPOSE 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 & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</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 \$5.00 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

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

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

(D) WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

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 _____

Applicant Right Thumb Print (Optional)
