



Volunteer Application

Thank you for your interest in volunteering at FISH. We're excited to work with you! Here are the steps to becoming a FISH volunteer:

1. Please complete the application packet and return it to the Volunteer Services Manager at volunteering@kvfish.org or 804 Elmview Road, Ellensburg WA 98926, or use www.kvfish.org/volunteer to fill out an online form.
2. You will receive a request for information for a Background Check from Verified First and Friends in Service to Humanity. Please fill out this information. The Volunteer Services Manager will notify you when the background check has been returned
3. You will then attend an Orientation with the Volunteer Services Manager where you will:
 - a. Learn more about FISH
 - b. Fill out further paperwork
 - c. Take a tour of the Elmview location
4. Work with the Volunteer Services Manager to find the perfect assignment for you. Our goal is to find the best match for everyone – volunteers, staff, and clients.

See www.kvfish.org/volunteer for up-to-date information on the jobs available at FISH and for a copy of the FISH Volunteering Handbook.

Please note: Volunteers are required to follow safety rules, have good hygiene and dress in a manner appropriate for their role. Closed toed shoes are required. Open Table volunteers will need a Washington State Food Works Card. FISH will reimburse the \$10 fee to obtain the Card. Additional information and requirements are in the Volunteer Handbook, which you will receive at your orientation, or you may find it online at www.kvfish.org/volunteer.

Please return this form to the Volunteer Services Manager at volunteering@kvfish.org, or 804 Elmview Road. Contact: 509-925-5990 x1003 for more information.

Basic Information

Today's Date: _____

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: _____

Email: _____ Phone: _____

Mailing Address, City, State, Zip

Please list any limitations that may impact the volunteer task(s) you can do:

Language

Do you speak, read, or write languages other than English? ☐ Yes ☐ No

If yes, please tell us the language: _____ ☐ Speak ☐ Read ☐ Write

Service

Is this volunteer time for **Community Service** or **Class Credit**? ☐ Yes ☐ No

Please note, commitments less than 10 hours or within two weeks cannot be fulfilled.

If so, how many hours do you need? _____ and by what date? _____

Scheduling

Please indicate the days and times you are available to volunteer:

Additional Information

To get to know you better, and find the best fit for your volunteering, please answer these questions. Thank you!

1. Why do you want to volunteer for FISH?
2. What are you passionate about? (Reading, gardening, camping etc.)
3. Please don't ask me to . . . (life heavy things, work outside etc.)
4. I'm happy to help you with . . .



Confidential Disclosure Statement

Pursuant to the requirements of RCW 43.43.834, FISH must ask you to complete the following Applicant Disclosure Statement. This information will be kept confidential. Please answer fully and accurately. FISH will confirm your answers to these questions by running a background check. You will be notified of the response within 10 days after we receive the report. We will make a copy of the report available to you upon your request.

1. Have you even been convicted of a crime? _____

If yes, please identify the offense(s), provide the date(s) of the conviction(s), the name of the court (e.g., Kittitas County Superior Court) and the sentence(s) imposed.

2. Have you ever had a finding against you for domestic violence, abuse, sexual abuse, neglect, financial exploitation of a child or a vulnerable adult in any civil adjudicative proceedings? Civil adjudicative proceedings include judicial and administrative proceedings and findings by DSHS or the Department of Health that you have not administratively challenged or appealed. _____

If yes, please identify the specific finding(s), which court or agency made the finding(s), the date(s) of the finding(s) and the penalty(ies) imposed.

I declare, under penalty of perjury by the laws of the state of Washington, that the foregoing is true and correct. I understand that if I become a volunteer, I can be discharged for any misrepresentation or omission on the above statement. I also understand that a satisfactory result of the background check is a condition of my volunteering at FISH. I have signed this Disclosure Statement on the date below at Ellensburg, Washington.

Printed Name: _____

Signature: _____ Date: _____

This institution is an equal opportunity provider and employer.



Confidential Background Check Authorization

Please print this information.

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth: _____ Phone Number: _____

Email: _____

Former Name(s): _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize FISH, and its designated agents and representatives, to conduct a comprehensive review of my background. I understand that the scope of the reports may include but is not limited to the following areas: current and previous residences, criminal history records from a criminal justice agency in any or all federal, state and county jurisdictions, and driving records if applicable.

I hereby release FISH, its agents, officials, representatives or assigned agencies, including officers, employees, or related personnel both individually and collectively for any and all liability for damages of whatever kind because of compliance with this authorization and request release.

Printed Name: _____

Signature: _____ Date: _____

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