



<b>OFFICE USE ONLY</b>
Verified ID Y N
WSP Cleared Y N
Compass Y N
Date: _____
By: _____

## YWCA Olympia Volunteer Application Photo Release, Background Check, and Confidentiality Form

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Other name, birth name, former name(s) \_\_\_\_\_

Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Which is your primary phone of contact:  Home Phone  Cell Phone

### Photo Release

I give permission for publication of photos of myself in publications produced by YWCA Olympia including but not limited to the agency website, social media accounts, e-newsletters, and donor/sponsor materials. I understand that I will not be paid any royalties or other compensation, and I give up any and all rights I may have to payment if my photo is published. Further, refusal to consent to photos will in no way affect the services I may receive now or in the future. If I have any questions or wish to withdraw my consent in the future, I can do so at any time by contacting YWCA Olympia.

By signing this form below I confirm that this consent has been explained to me in terms, which I understand and that any questions I may have had have been answered to my satisfaction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Decline photo release



# Confidentiality Agreement

I understand that by virtue of my position as a volunteer for YWCA Olympia that I may have access to certain private and confidential information about clients and families we serve as well as YWCA employees and donors. All information obtained will be strictly for the purpose of performing my duties as a volunteer. I promise to maintain strict confidentiality with respect to private and confidential information I have learned through my volunteer activities. Violation of this confidentiality agreement will be cause for my immediate dismissal as an approved volunteer at the YWCA Olympia.

I, the undersigned, agree to maintain strict confidentiality with respect to private and confidential information I obtain by virtue of my position as a volunteer for the YWCA Olympia.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Background Check Information

The YWCA does not allow any individual with a criminal background of abuse (sex crimes, theft or fraud) to volunteer. Background checks are required.

Please answer yes or no to the following questions (pursuant to RCW 43.43.830):

1. Have you ever been convicted of a crime? \_\_\_ Yes \_\_\_ No

If YES:

- Have you ever been convicted of a crime or had findings made against you for sexual abuse, exploitation, or physical abuse? \_\_\_ Yes \_\_\_ No
- Have you ever been convicted of any crimes relating to drugs? \_\_\_ Yes \_\_\_ No
- Have you ever been convicted of any crimes related to financial exploitation, including extortion, theft, fraud, robbery or forgery? \_\_\_ Yes \_\_\_ No
- Do you currently have any outstanding criminal charges or warrants against you in WA or in any other state or country? \_\_\_ Yes \_\_\_ No

I, the undersigned, give YWCA Olympia permission to conduct a background check through the Washington State Patrol WATCH Program.

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Date: \_\_\_\_\_ (mm/dd/yyyy)

<p>COMMENTS:</p>   
------------------------------