



VOLUNTEER APPLICATION FORM

Thank you for your interest in serving as a volunteer at Elijah Family Homes. Serving as volunteer is a rewarding experience and an opportunity for personal and professional growth. Completing this form will help us match your skills and talents with time/resource commitments of upcoming openings.

Please return the completed application and a short bio to Elijah Family Homes, Attn: Aleta Busselman 1721 W Kennewick Ave Kennewick, WA 99336 or by email to volunteer@elijahfamilyhomes.org. This application will be kept confidential and on file at the office.

Mission

Elijah Family Homes fosters hope, dignity and self sufficiency through stable housing and supportive services for families seeking recovery.

Vision

All families with children in Benton and Franklin Counties, regardless of substance abuse history, make unique and valuable contributions to the community while self sufficient and stably housed.

CANDIDATE INFORMATION

Name: _____

Position/Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Number of Years Lived or Worked in the Tri-Cities: _____

Educational Background: _____

Work History: _____

Non-Profit Experience: _____

Community Activities: _____

Other Memberships, Achievements, etc.: _____

Specific Areas of Relevant Expertise:

Please select all that apply

- | | |
|---|--|
| <input type="radio"/> Accounting or Finance | <input type="radio"/> Grant Writing/ assessment |
| <input type="radio"/> Community Relations | <input type="radio"/> Communications |
| <input type="radio"/> Event or Project Management | <input type="radio"/> Fundraising |
| <input type="radio"/> Marketing | <input type="radio"/> Personnel Management |
| <input type="radio"/> Chemical Dependency | <input type="radio"/> Law |
| <input type="radio"/> Real Estate | <input type="radio"/> Social Work |
| <input type="radio"/> Medical and Healthcare | <input type="radio"/> Education |
| <input type="radio"/> Construction | <input type="radio"/> House Maintenance and Management |
|
 | |
| <input type="radio"/> Other | |
| _____ | |

CANDIDATE QUESTIONNAIRE

1. How much time do you have to contribute to Elijah Family Homes (EFH)?

2. Is there a part of the mission or a specific program that appeals to you?

3. Do you confirm all information provided is authentic to best of your knowledge? Yes No

Signature: _____



CONFIDENTIALITY AGREEMENT FORM

As an employee, intern, or volunteer of Elijah Family Homes/PCAP (EFH) I am given the responsibility of guarding the unauthorized disclosure of Protected Health Information (PHI) and Confidential Information (CI).

By signing this statement, I agree that I have read, understand, and will abide by the laws, rules, policies, and procedures pertaining to the protection of PHI and CI.

I agree to abide by the Revised Code of Washington (RCW) [70.02.050](#), Disclosure without patient's authorization --- Need -to- know basis.

I agree to abide by the program specific rules and regulations concerning the maintenance, storage, transporting and sharing of PHI and CI.

I have been informed and understand that all clients/employee information and records compiled, obtained and /or maintained by me in the course of my duties could contain PHI and CI.

I agree not to divulge or otherwise make known to unauthorized persons any information regarding these individuals.

I understand that I am not to read information and records concerning clients, case reports and any other protected documents for my own personal information, but only to the extent and for the purpose of enabling me to perform my assigned duties.

I understand that my unauthorized disclosure of PHI or CI will be grounds for disciplinary action, which may include termination of my employment, contract, internship, or volunteer status as well as possible financial penalties as set forth by State or Federal Law.

Full Name: _____

Signature: _____

Date signed: _____



BACKGROUND AUTHORIZATION
Please print clearly and use INK

SECTION 1: APPLICANT INFORMATION	
1. Name	2. Address
3. City/State/Zip Code	4. Telephone (Including area code)

SECTION 2: ALL QUESTIONS IN THIS SECTION MUST BE COMPLETED BY APPLICANT

5. Date of Birth	6. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
CURRENT NAME	OTHER NAMES YOU HAVE BEEN KNOWN BY
7. Last Name	10. Birth Name Last First Middle
8 First Name	11. Other married name(s) (write N/A if none)
9. Middle Name (write N/A if none)	12. Nickname(s)/other name(s) (write N/A if none)
<p>13. Have you been convicted of, or do you have charges pending for any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the crime, the conviction date or charge status and the state where it occurred.</p> <p>14. Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child or adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name of court, state, licensing board, disciplinary board, or dependency action, details of the finding, and the state where it occurred.</p> <p>15. Have you ever had a contract and/or license to care for children or adults denied, terminated, revoked, or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, contract and/or license type, name of contracting and/or licensing agency, and the state where it occurred.</p> <p>16. Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, or abandonment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, court, and the state where it occurred.</p>	
17. Driver's license or state identification number	18. Number of consecutive years lived in Washington state Years: Months:
<p>19. I understand that I am signing this statement under penalty of perjury. The above statements are true and complete to the best of my knowledge. I understand that any untruthful or purposefully misleading answers or any deliberate omissions will result in my immediate disqualification for service and/or employment. I hereby authorize Elijah Family Homes to obtain background information including but not limited to, convictions, licensing, child and protective services, and professional licensing records, from any law enforcement, any state and federal agency including other states.</p>	
20. Signature of Applicant	21. Date