



A Community Service of Senior Life Resources NW

1824 Fowler Street, Richland, WA 99352

Dear New Volunteer,

Thank you very much for your willingness to volunteer for the Meals on Wheels program. We appreciate your thoughtfulness and believe this will be a very rewarding experience for both you and the seniors you will serve.

As a volunteer driver you may have direct contact with vulnerable elderly participants. Therefore, before we can begin training you, we are required by Washington state law (RCW43.43.830), and our insurance company, to submit several forms on your behalf.

The yellow form is for your Background Check, and must be filled out completely. Do not leave any spaces blank, and please write "none" or N/A when necessary. Please use black ink and print clearly. When filling out the Driving Record form, please keep in mind that if you check the first box, you do not have to fill out the *Driving Record Request form* (last page).

We will also need a photo copy of your driver's license and insurance card. I have enclosed a self-addressed envelope for your convenience. Please call with any questions or concerns.

Thank you again,

Penni Richter

Penni Richter
Volunteer Coordinator
(509) 735-1911
prichter@seniorliferesources.org

Kennewick ♦ Connell ♦ Prosser ♦ Pasco ♦ Benton City ♦ Richland
Phone (509) 735-1911 ♦ Email admin@seniorliferesources.org ♦ www.seniorliferesources.org



Description of Volunteer Meal Delivery Person

- Position Title:** Home Delivery Volunteer Driver
- Time Requirement:** Approximately 1-2 hours per shift
- Responsibilities:** Deliver hot and/or frozen meals to homebound seniors
Check on the well-being of the participants.

Duties Include:

1. Arrive at the nutrition site no later than 10:45 a.m.
2. Upon arrival, locate your route sheet. Count items in the hot/cold delivery bags to make sure you have exactly what you need.
3. Deliver meals to participants according to the route sheet following any specific instructions noted.
4. Return all equipment and route sheet information to the nutrition site at completion of deliveries.
5. Turn in all donations received from participants to site manager.
6. Notify site manager if a participant is: not at home, ill, has a change of health or living conditions or any other problems or concerns.
7. Report any suspected abuse.

Special Requirements:

- Drivers must be 18 years of age
- Clean and neat in appearance
- Physical ability to stand, walk, climb a flight of stairs, bend, twist and ability to lift and carry the route bags, not to exceed 25 pounds.
- Acceptable criminal history through a Washington State Patrol background check. This is required by law before any volunteer service can begin. This process is repeated every two years for all volunteers. Any volunteer living outside of Washington State within the past three years must be fingerprinted for a FBI background check.
- Maintain client confidentiality
- Proof of valid driver's license and the ability to travel using an insured personal vehicle.
- Acceptable driving record.



Background Check Authorization

PROCESSING CODE

SECTION 1. ENTITY INFORMATION (COMPLETED BY DSHS STAFF, PROVIDER, APPLICANT, LICENSEE, AND/OR CONTRACTOR)

1A. ENTITY REQUESTING THE BACKGROUND CHECK Senior Life Resources MOW-ADMIN	1B. ENTIRE ADDRESS OF ENTITY LISTED IN BOX 1A 1824 Fowler St Richland, WA 99352	1C. NAME OF SECONDARY ENTITY N/A
2. REQUIRED: NAME AND SIGNATURE OF PERSON REQUESTING THE BACKGROUND CHECK PRINTED NAME: Penni Richter SIGNATURE: <i>Penni Richter</i>		
3. REQUIRED ONLY FOR DSHS STATE EMPLOYMENT DSHS POSITION NUMBER <u>N/A</u> (WRITE NONE IF NONE) DSHS JOB CLASSIFICATION: <u>N/A</u> PERSONNEL IDENTIFICATION NUMBER: <u>N/A</u> <input type="checkbox"/> Permanent appointment <input type="checkbox"/> Non-permanent appointment <input type="checkbox"/> Work study / student internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Acting		
4. REQUIRED: BCCU ACCOUNT NUMBER 80000233	5. DSHS ID NUMBER OR NAME HCS	

SECTION 2. THIS SECTION IS FOR APPLICANT INFORMATION ONLY (THE PERSON TO BE CHECKED IS THE APPLICANT)

6. SOCIAL SECURITY NUMBER	7. REQUIRED: DATE OF BIRTH (MM/DD/YYYY)	8. PRINT YOUR E-MAIL ADDRESS
9. REQUIRED: PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR OTHER PHOTO ID. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER. FIRST: _____ MIDDLE: _____ LAST: _____		
10. REQUIRED: PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER. FIRST: _____ MIDDLE: _____ LAST: _____		

REQUIRED: SELF DISCLOSURE QUESTIONS. SEE INSTRUCTIONS.
You must answer Questions 11A through 14. Attach an additional sheet of paper if you need to list additional crimes or pending charges.

11A. Have you been convicted of any crime? If yes, fill in the blanks below. _____ Yes No
Degree: _____ State: _____ Conviction date: ___/___/___

11B. Do you have charges (pending) against you for any crime? If yes, fill in the blanks below. _____ Yes No
Degree: _____ State: _____

12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? _____ Yes No

13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? _____ Yes No

14. Has a court ever entered any of the following against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile or child? _____ Yes No

- Permanent* vulnerable adult protection order / restraining order, either active or expired, under RCW 74.34.
- Sexual assault protection order under RCW 7.90.
- Permanent* civil anti-harassment protection order, either active or expired, under RCW 10.14.

See instructions for description of "permanent."

15. REQUIRED: PRINT YOUR DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER (WRITE NONE IF NONE)	REQUIRED: PRINT THE NAME OF THE STATE ON YOUR LICENSE OR ID
16. REQUIRED Have you lived in any state or country other than Washington State within the last three years (36 months)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. A. REQUIRED: PRINT YOUR MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION APT. NO. CITY STATE ZIP CODE	
B. REQUIRED: PRINT THE STREET ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF YOUR STREET ADDRESS IS THE SAME AS YOUR MAILING ADDRESS) APT. NO. CITY STATE ZIP CODE	
C. REQUIRED: GIVE THE DAYTIME AREA CODE AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED	

18. I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles or children. I understand and agree my signature in box number 19 means:

- I give DSHS permission to check my background with any governmental entity and law enforcement agency.
- My background check result may include prior self-disclosure information and fingerprint results that are contained in the DSHS Background Check System and that this information will be reported as allowed by federal or state law.
- If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result.
- DSHS will give my background check result to the persons or entities named in Section 1 and may release my background check results to other persons or entities when the law authorizes or requires DSHS to do so. Fingerprint rap sheets are provided if allowed by federal or state law.
- The entity requesting this background check must submit this form to the Background Check Central Unit within the timeframe required by the DSHS oversight program.

19. REQUIRED: YOUR SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18	20. REQUIRED: TODAY'S DATE (MM/DD/YYYY)
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PROGRAM USE - FOLLOW INSTRUCTIONS PROVIDED BY YOUR DSHS OVERSIGHT PROGRAM

**Instructions for Completing the Background Check Authorization
DSHS 09-653**

These instructions provide general directions for completing the Background Check Authorization form. This form is used by multiple DSHS programs to meet varying background check needs. **The DSHS oversight program requiring the background check may have additional instructions that you must follow.**

The Background Check Central Unit (BCCU) **cannot** complete the background check unless all required boxes are complete. Required boxes have the word **REQUIRED:** next to the box number as shown in the example below:

4. REQUIRED: BCCU ACCOUNT NUMBER

IMPORTANT: If you do not provide all required information, your background check will be delayed.

ATTENTION ENTITIES AND DSHS STAFF: Only submit this authorization form once. Multiple submissions of the same authorization form causes delays in processing background checks.

PROCESSING CODE: If you use a priority processing code or "fingerprint required", enter it in this box. Priority processing codes include new hire, initial contract, initial license, approved rush, Community Protection, and DSHS state employee.

SECTION 1: TO BE COMPLETED BY THE ENTITY REQUESTING THE BACKGROUND CHECK

This section must be completed by the **entity** requesting the background check. Entities are most often DSHS programs, hiring authorities, and external providers who submit background check requests to the Background Check Central Unit.

Box No. Instructions

- 1A Enter the name of the entity requesting the background check.
- 1B Enter the full address of the entity listed in Box 1A.
- 1C Enter the name of the secondary entity associated with the background check. A secondary entity may be a contractor, subcontractor, or other entity associated with this background check. Your oversight program will provide instructions on how to use this box.
- 2 Provide the printed name and signature of the person requesting the background check. This is the person who is submitting the background check on behalf of the entity listed in Box 1A.
- 3 Complete this box **ONLY** if the background check is for DSHS employment purposes. External providers should **not** complete this box.
- 4 Enter your BCCU account number in this box. You can find your BCCU account number at <http://www.dshs.wa.gov/fsa/bccu/account-numbers>. DSHS state employment account numbers are available on the BCCU intranet webpage.
- 5 Enter a DSHS ID number or name if required by your DSHS oversight program.

SECTION 2: TO BE COMPLETED BY THE APPLICANT

This section must be completed by the **applicant**. The applicant is the person whose background we are checking. Except as noted in these instructions, DSHS staff must not complete Section 2 for the applicant. Note: Adult Protective Services program staff may complete the applicant information for an APS investigation background check.

Box No. Instructions

- 6 You may choose to provide your Social Security Number. Your Social Security Number helps the Background Check Central Unit match your name and date of birth to existing records in our database and may speed up completion of your background check.
- 7 Print your date of birth listing the month, day, and year.
- 8 Provide an e-mail address where we can reach you.
- 9 Current Name: List your first, middle, and last name as they are listed on your current Driver's License or other primary photo ID. (See example below.) Accepted government-issued photo ID includes any federal, state, or local government-issued ID, US military ID, US or foreign passport, or federally recognized tribal ID. Write **N/A** in each field that you do not have a name to enter.

9. REQUIRED: PRINT YOUR NAME AS IT IS ON YOUR DRIVER'S LICENSE OR OTHER PHOTO ID. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.		
FIRST: Susan	MIDDLE: Jane	LAST: Smith

- 10 Other Names: Print all other first, middle, or last names you have used. Other names include nicknames, birth names, maiden names, etc. If you have not used any other first, middle, or last names, you must enter **N/A** in the appropriate box. Do not leave any of the boxes blank. (See examples below)
Example 1 – entering two nicknames and one maiden name. No other middle names have been used.

10. REQUIRED: PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.		
FIRST: Sue, Susie	MIDDLE: N/A	LAST: Jones

Example 2 – entering N/A because no other first, middle, or last names have been used.

10. REQUIRED: PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.

FIRST: N/A

MIDDLE: N/A

LAST: N/A

See important information about answering self-disclosure questions following the description for Box 20.

Box No. Instructions

- 11A You must check **YES** or **NO**. If you check **YES**, you must enter the crime name, degree (if any), state, and the conviction date (MM/DD/YYYY). If you need to list additional convictions, attach a separate piece of paper to the Background Check Authorization form. Include your name and all the required information listed above.
- 11B You must check **YES** or **NO**. If you check **YES**, you must enter the pending charge name, degree (if any), and state. If you need to list additional pending charges, attach a separate piece of paper to the Background Check Authorization form. Include your name and all the required information listed above.
- 12-14 Read each question carefully before answering. You must check YES or NO. ***Question 14: Permanent means the order was issued either following a hearing or by stipulation of the parties.**
- 15 Enter your Driver's License or state-issued ID and the state where it was issued.
- 16 If you have continuously lived in Washington State without living in another state or country for the last three years (36 months), answer **NO**. If you have lived in any state or country other than Washington State within the last three years (36 months), answer **YES**.
- 17 17a - Enter your mailing address where BCCU can send you confidential information such as a copy of your background check results.
17b – Enter your street address if it is different than your mailing address. If your street address and mailing address are the same, enter **SAME**.
17c – Enter the daytime phone number where you can be reached.
18. Read the statements in Box 18. Your signature in Box 19 means you have read, understand, and agree to the statements listed in Box 18.
19. Sign your name as it is listed in Box 9. If you are not 18 years old, a parent or guardian must sign for you.
20. Enter the month / day / year (MM/DD/YYYY) you signed Box 19.

IMPORTANT INFORMATION ABOUT ANSWERING SELF-DISCLOSURE QUESTIONS: Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. Self-disclosures are reported as part of your background check result like any other background check history we receive. It is important that your answers to self-disclosure questions are accurate and consistent. It is strongly recommended that you answer self-disclosure questions the same way each time you complete the Background Check Authorization form unless the question has changed or the previous answer was wrong. It is also recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates and other information exactly as they are listed in those documents.

If you have questions about the Background Check Central Unit background check process, contact BCCU at bccuinquiry@dshs.wa.gov or call 360-902-7555.