



**BOYS & GIRLS CLUBS  
OF WHATCOM COUNTY**

## **VOLUNTEER PACKET**

**Name:** \_\_\_\_\_

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

**STAFF, PLEASE make certain of the following:**

- 1) \$6 processing fee paid and receipt number here \_\_\_\_\_
- 2) Copy of applicant's Driver's License or ID included w/ application
- 3) Applicant's Social Security Number included on WSP Form
- 4) STAFF initials here please \_\_\_\_\_ and date \_\_\_\_\_

**THANK YOU!** This application now goes to Katherine for processing. Once the application has been processed, the applicant will be notified. This may take up to 48 hours. **THANKS AGAIN!**

### **The Boys & Girls Clubs of Whatcom County Mission Statement**

"To enable all young people,  
especially those who need us most,  
to reach their full potential as  
productive, caring, responsible citizens."



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OF WHATCOM COUNTY

**General Contact Information**

**Personal Information:**

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Education:**

High School	Years Attended	Graduate?	Year
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College/University	Years Attended	Graduate?	Degree
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OF WHATCOM COUNTY

**Policies**

1. It is the Boys & Girls Clubs of Whatcom County policy that at no time shall a volunteer member be alone with a club member. A staff member will be present with a volunteer.
2. No volunteer will drive the club van or transport members in their own vehicle.
3. The use and/or possession of alcohol, tobacco, or other drugs is prohibited on club property, in the presence of club members and off club property.

***VOLUNTEERS ARE EXPECTED TO ABIDE BY THE SAME RULES AS EMPLOYEES. FOR A COMPLETE LISTING OF OUR POLICIES, PLEASE REQUEST AN EMPLOYEE HANDBOOK.***

**VOLUNTEER AUTHORIZATION (please read thoroughly and sign)**

I, the undersigned, pursuant to applying as a volunteer with the Whatcom County Boys & Girls Club, hereby grant permission to the Boys & Girls Club Organization to use the above information to run any and all local, state, and national screening and background checks required. I understand that any information gathered is strictly for the purpose of determining my suitability for working with youth, and that all information gathered will be kept confidential.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Volunteer

Requested by \_\_\_\_\_ Club

# WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633

NEW HIRE

STUDENT

VOLUNTEER

## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT

RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

### A REQUESTING AGENCY/ADDRESS

Agency Boys & Girls Clubs of Whatcom County  
Attn: 1715 Kentucky Street  
Address Bellingham, WA 98229  
City/State/Zip \_\_\_\_\_

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_

### B PURPOSE

- ESD/School District Volunteer - no fee
- Non-Profit Busn./Org. - NO FEE (Excluding Schools & ESD's)
- Profit Business/Org. - \$10
- Adoptive Parent - \$10

Fees:  
Make payable to Washington State Patrol by cashier's check, money order, or commercial business account.

**NO PERSONAL/CERTIFIED CHECKS ACCEPTED**

### C APPLICANT OF INQUIRY (Please Use Full Legal Name)

Applicant's Name: \_\_\_\_\_  
Last First Middle  
Alias/Maiden Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year  
Social Security Number: \_\_\_\_\_ Driver's Lic. Number/State: \_\_\_\_\_ / \_\_\_\_\_

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

### D IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

(THIS PORTION MAILED BY REQUESTING AGENCY)  
As of this date, the applicant names below shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

Boys & Girls Clubs of Whatcom County  
Requesting Agency  
Applicant's Signature \_\_\_\_\_  
Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

WSP Use Only

Valid Two Years From Issue

Right Thumb Print (Optional)

\_\_\_\_\_