



**Wolf Haven International** 3111 Offut Lake Rd. SE, Tenino, WA 98589

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## Volunteer Application Instructions

Thank you for your willingness to volunteer with Wolf Haven International. To ensure the safety of our visitors and staff, there is an application packet you must complete before you can begin your volunteer assignment.

Here's how to complete the volunteer application packet:

### **1. Volunteer Application Form**

This form provides basic information about you and your volunteer interests.

- All applicants must fill out all questions. Please indicate n/a where questions are not applicable to you.
- Sign and date at the bottom of the page to indicate that all the information on your application form is accurate.

### **2. Washington State Patrol (WSP) Background Check Form**

All volunteer applicants must receive a background check through Washington State Patrol.

- Please complete sections C and D. Fingerprints are not required. Sign and date the form to indicate that the information you provided is accurate.

### **3. Disclosure Form**

This form provides information about any past or current criminal or civil offenses. It also gives permission for WHI to conduct a background check.

- Please answer each question completely and truthfully. Add an extra sheet of paper if necessary.
- Sign and date the form to indicate that the information you provided is accurate.

### **4. Review Your Forms**

Double-check to make sure you have filled out each form completely and that you have signed and dated all forms in the packet.

### **5. Provide a Copy of your Driver's License**

Attach a copy of your current driver's license, or other photo identification that includes your legal name and date of birth. This helps to verify identity during the background check.

Thank you for your interest in serving Wolf Haven International.

Please return all forms to: Volunteer Coordinator, Wolf Haven International, 3111 Offut Lake Rd. SE, Tenino, WA 98589



# Wolf Haven International

## Volunteer Application

Please attach a copy of your driver's license.

**Office Use Only**

Approved

Denied

Restricted

Signature

Date

### 1. Background Information

Date \_\_\_/\_\_\_/\_\_\_ Where did you hear about our volunteer opportunities? \_\_\_\_\_

Full Legal Name \_\_\_\_\_  
first middle last

M\_\_\_ F\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Birthplace (city/state or country) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency contact (local) \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Volunteering (include specific details)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. Volunteer Interests and Availability

*I am interested in volunteering in the following areas:*

Area	Interested	Skilled	Area	Interested	Skilled
Tour Guide			Special Events		
Grounds and gardening			Construction		
Educational programs			Community Outreach		
Clerical			Fundraising		
Public relations			Campground hosting		
Mima Mounds Preservation			Other:		

Which volunteer opportunity most interests you? \_\_\_\_\_

What interests you about it? \_\_\_\_\_

What skills do you have which relate to that position? \_\_\_\_\_

\_\_\_\_\_

What other skills can you contribute ?(check boxes below)

Emergency medical	Mechanical skills	Carpentry	Metalwork
Engineering	Research	Writing	Photography
Exhibit construction	Office skills	Computer skills	Working with youth
Organizing special events	Education/teaching	Interpretation	Public speaking
Other:	Other:	Other:	Other:

To help us better match you with a volunteer position, please list any limitations which might affect your ability to work on some of our projects. For example, some volunteers work in cold or foggy conditions, in enclosed spaces or in areas accessible only by stairways and ladders. Some jobs require lifting more than 25 pounds or kneeling for long periods of time.

Do you have any allergies or other medical conditions we should be aware of?

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Do you have reliable personal transportation?    Y            N

Wolf Haven requires a commitment of 16 hours per month, 9 months out of a year from our volunteers. If you decide to volunteer, would this be viable for you?    Y            N

What is your availability? weekdays, weekends, days only, etc

**Statement:** All information in this application is accurate to the best of my knowledge. As a condition of being permitted to volunteer for Wolf Haven International (WHI), I freely accept and voluntarily assume the risks of personal injury or property damage/loss that may result from my volunteer experience, including but not limited to, any activity while volunteering on WHI property. I hereby waive all claims arising out of any such injury or damage. I understand that I must participate in a group training prior to my first volunteer assignment. Tour guides must complete a full tour-guide training prior to their first self-led tour. I am aware that I must use the Volunteer Sign-In Sheet at the beginning and end of each volunteer assignment. I agree to wear my name tag when I volunteer. I understand that regular communication with the Volunteer & Events Coordinator is important and that if for some reason I am unable to fulfill my obligation I will contact the coordinator or the staff member it affects.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR APPLICANTS UNDER AGE 18: Parent/Guardian signature is REQUIRED below.**

**Parent/Guardian:** I give permission for the above named child to be a volunteer with WHI.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please attach a copy of your Driver's License**



**Wolf Haven International** 3111 Offut Lake Rd. SE, Tenino, WA 98589

**Volunteer Application Disclosure Form**

**Please answer the following questions completely and sign the declaration on the following page. If additional space is needed, please attach a separate sheet of paper.**

Any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as a volunteer. Wolf Haven International reserves the right to reject any applicant for any legitimate, nondiscriminatory reason.

1. Have you ever been convicted of a crime?

**NO YES**

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

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2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child in any legal proceedings? These proceedings include judicial or administrative proceedings as well as finding by the Department of Social and Health Services (DSHS) or the Department of Health that you have not challenged or appealed.

**NO YES**

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

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3. Do you currently have any outstanding criminal charges or warrants for your arrest pending against you? Are you presently under investigation for possible criminal charges?

**NO YES**

If “yes” please provide pertinent details to enable Wolf Haven International to evaluate, including the charge(s), date(s), jurisdiction(s) and status.

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Please return all forms to: Volunteer Coordinator, Wolf Haven International, 3111 Offut Lake Rd. SE, Tenino, WA 98589

I hereby authorize and consent to Wolf Haven International (WHI), its agents and employees, to inquire into and undertake whatever background check of me that WHI, in its sole discretion, deems appropriate to determine my fitness to serve as a volunteer. I understand the inquiry may include computer database searches, interviews with people acquainted with me, employers or references. I understand the information will be kept confidential to the extent permitted by law, but that WHI, as a public entity, is subject to the State Public Disclosures Act, RCW 42.17.250 et seq and the exemptions provided there under, as amended. I release and hold harmless WHI, its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that if WHI determines, in its sole discretion, that I have provided false or incomplete information in response to the above questions, or the Volunteer & Event Coordinator decides, with or without cause, not to retain me as a volunteer for whatever reason, WHI may, without notice or other process, reject my application to serve as a volunteer. In addition, I have completed and signed the Applicant Disclosure Form and Washington State Patrol Request for Criminal History Information on the back of this form (in compliance with state law RCW 43.43.830 through 43.43.845). I understand that a WA State Patrol background check must be completed and approved PRIOR TO volunteering.

Pursuant to RCW 9A.72.085, I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

**Date** \_\_\_/\_\_\_/\_\_\_    **Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City/State Where Signed** \_\_\_\_\_

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WASHINGTON STATE PATROL

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

REQUEST FOR CRIMINAL HISTORY INFORMATION  
CHILD/ADULT ABUSE INFORMATION ACT  
RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

<p><b>(A) REQUESTING AGENCY/ADDRESS</b> Wolf Haven International Agency Volunteer &amp; Events Coordinator Attn 3111 Offut Lake Rd. SE Address Tenino, WA 98589 City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <table border="0"><tr><td>Authorized Signature</td><td>Date</td></tr><tr><td>Volunteer Coordinator</td><td>( 360 ) 264-4695</td></tr><tr><td>Title</td><td>Area Code/Phone Number</td></tr></table>	Authorized Signature	Date	Volunteer Coordinator	( 360 ) 264-4695	Title	Area Code/Phone Number	<p><b>(B) PURPOSE</b> Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer - no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization - no fee (Excluding Schools &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p><b>Fees:</b> Make payable to <b>Washington State Patrol</b> by check, money order, or business account.</p> <p><b>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</b> _____ Notarized Letter(s)</p>
Authorized Signature	Date						
Volunteer Coordinator	( 360 ) 264-4695						
Title	Area Code/Phone Number						

**(C) APPLICANT OF INQUIRY** (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name(s): \_\_\_\_\_

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 statute.

**(D) WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

WSP Use Only

Applicant Right Thumb Print (Optional)