

# YWCA Volunteer Questionnaire

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ (please print legibly)



YWCA Walla Walla  
213 S. First Ave.  
Walla Walla, WA 99362

P: 509-525-2570  
F: 509-522-1003

[ywcaww.org](http://ywcaww.org)

## Please check the volunteer projects that interest you most:

\_\_\_\_\_ Events (checking in at luncheon, marching for a cause, kids events, etc.)

\_\_\_\_\_ Office help (occasional mailings, recording donations, etc.)

\_\_\_\_\_ Distributing posters to help publicize events

\_\_\_\_\_ Organizing donations

\_\_\_\_\_ Activities for children in the shelter or during evening support groups\*

*\*Do you have a specific activity in mind to share? With a constantly changing group of women and children of all ages, we can never be sure what will be well attended. But if you have a project you'd like to try (cooking class, art project...?) let's discuss it!*

\_\_\_\_\_ Other: \_\_\_\_\_

**Dates and times you are available:** (Most opportunities take place during office hours, M-Th 9-6 / F 8:30-5:30)

**Why would you like to volunteer at the YWCA?**

**Do you have personal qualities or relevant experience that would make you a great fit for the area in which you'd like to volunteer?**

**All volunteers must:**

- 1) Successfully complete a Washington State Patrol background check.**
- 2) Sign a confidentiality agreement.**
- 3) Email ([ywcawallawalla@gmail.com](mailto:ywcawallawalla@gmail.com)), fax (509-522-2003), or bring (213 S. First Ave., Walla Walla) completed forms to the YWCA office.**

Thank you so much for your interest in the YWCA. We can't promise we have volunteer openings in the area in which you are interested, but we will try to keep you informed about opportunities that come up.



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**YWCA DOMESTIC VIOLENCE & SEXUAL ASSAULT  
RESOURCE CENTER**

**STATEMENT OF CONFIDENTIALITY**

As a visitor to the YWCA's Women's Shelter, I agree to maintain confidentiality about anything or anyone I see here.

I will not film or photograph anything or anyone I observe today.

I will act with dignity and respect, understanding that the YWCA Women's Shelter is the home of the people who live there.

Print name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

# WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<http://watch.wsp.wa.gov>



## REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

**INSTRUCTIONS:** PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION BASED ON NAME AND DATE OF BIRTH. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$17.00 CHECK OR MONEY ORDER. FOR REQUEST BASED ON FINGERPRINTS, MAIL A COMPLETED FINGERPRINT CARD AND FEE OF \$26.00. YOU MAY ALSO COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST BY NAME AND DATE OF BIRTH FOR \$10.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$10.00 PER NOTARY SEAL \_\_\_\_\_ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

### **A** SUBJECT INFORMATION: (Please type or print clearly)

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

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

### **B** REQUESTOR INFORMATION: (Please type or print clearly)

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Holly Delibertis, Financial Controller \_\_\_\_\_  
Mo. Day Yr. (print) Name/Title of Requestor Requestor's Signature

Provide e-mail to receive background results electronically. Phone No. (509) 525-2570

hdelibertis@ywcaww.org \_\_\_\_\_  
E-mail address Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

YWCA of Walla Walla \_\_\_\_\_

Name

213 S. 1st Avenue \_\_\_\_\_

Address

Walla Walla WA 99362 \_\_\_\_\_

City State ZIP Code

Subject's Right Thumb Print (Optional)