Washington Gorge Action Programs

Volunteer Policies

Anyone interested in volunteering should call WAGAP to receive an application. After the completed application is returned, an interview with the volunteer may be arranged to determine the volunteer's preference of service, abilities, interest, skills and any physical limitations. Volunteers are then matched to current opportunities available. All volunteers should have a sincere interest in serving clients of Washington Gorge Action Programs.

Age Requirements

All volunteers must be 18 years of age or older. Youth volunteers (ages 14-18) must obtain the signature of a parent or guardian before beginning the volunteer program and be accompanied by a parent or guardian 21 years or older. Opportunities for youth volunteers are restricted by Program Policies and Insurance Requirements.

Training

Every volunteer must attend a training/instruction course if required for the volunteer program. Training is provided and conducted by staff members and/or experienced volunteers.

Dress

It is important the volunteers dress appropriately. T-shirts with offensive logos, sweatpants, informal wear, short shorts and offensive jewelry, tattoos, pins or other insignia are not considered appropriate. Dresses and skirts must be longer than mid-thigh. Blue jeans and shorts, appropriate to the work atmosphere, may be acceptable for certain jobs. If the volunteer is working in a warehouse setting appropriate footwear (i.e., no part of the foot exposed) must be worn. No rubber flip flops are allowed anywhere on the premises. Volunteers should discuss appropriate dress with their supervisor.

Tobacco Free Policy

Tobacco of any kind is not permitted in any vehicle or office which is owned and/or occupied by WGAP or any of its programs. Designated smoking areas are 25 feet from all building entrances.

Drug and Alcohol Use

Drugs and alcohol use is highly detrimental to the safety and productivity of volunteers in the workplace. The unlawful manufacture, possession, distribution, transfer, sale, purchase, and/or use of alcoholic beverages or illegal drugs while on WGAP property or volunteering for WGAP is strictly prohibited. Any illegal controlled drug or substance possessed while on duty by any volunteer will be turned over to the appropriate criminal justice agencies and may result in criminal prosecution. No volunteer may be under the influence of any controlled substance while in the work place or on duty The legal use of controlled drugs or substances prescribed by a licensed physician is not prohibited, but when the volunteer is in a position in which the side effects of the prescribed medication could affect performance and safety on the job, the volunteer is required to disclose such use known to the supervisor.

Change in Volunteer Information

A change of address, telephone number, etc. should be brought to the attention of the volunteer's Supervisor as soon as possible.

Confidentiality

All volunteers must read, agree to and sign the WAGAP Client Confidentiality Policies and Procedures.

Offensive Workplace Behavior

Harassment in any form is specifically prohibited. The types of conduct prohibited by this policy include, but are not limited to, actions where an individual directly or indirectly makes or threatens unwelcome physical contact toward another volunteer, employee, or client, threatened or adversely affects an employee's, volunteer's or client's safety, or engages in verbal abuse (such as offensive racial, ethnic or sexual 'jokes'). Volunteers shall not subject a client to any personal views (such as political or religious). Offensive workplace behaviors prohibited by this policy also include any request to engage in illegal, immoral, undesired or unethical conduct.

Conflict of Interest

Volunteers are prohibited from soliciting or accepting gifts, money and/or gratuities from persons receiving benefits or services from WGAP.

Health & Safety

If a volunteer has a concern about a client's actions or behaviors, the volunteer is strongly encouraged to relay that concern to their Supervisor. If a client releases to WGAP that he/she has a serious medical condition, verification will be obtained and a release must be signed by the volunteer.

Work Performance and Disciplinary Process

WAGAP expects its volunteers to maintain high standards regarding job performance and conduct. The lack of material compensation for effort extended on behalf of WAGAP in no way frees the volunteer from adherence to the standards that apply to paid staff. If inappropriate actions or behaviors are observed, the Supervisor will counsel the volunteer. Disciplinary actions may range from a formal discussion with the volunteer about the matter to dismissal. Confidentiality is maintained in all matters of disciplinary actions.

Statement of Understanding

- I hereby certify, as a volunteer for Washington Gorge Action Programs and its programs, to adhere to the above stated Volunteer Policies.
- Failure to comply with the Volunteer Policies may result in suspension or termination from the volunteer program.

Signature_____ **Date**_____

Parent Signature (if under 18)_____ **Date**_____

VOLUNTEER APPLICATION FORM

The information on this form is requested in order to help us match your skills, interests, and aptitudes with those of the Second Hand Rose and its activities. If you have questions regarding the privacy of this information, please feel free to discuss it with the coordinator.

Name _____ **Home Phone** _____

Address _____ **Work Phone** _____

City _____ **State** _____ **Zip Code** _____

Circle Highest Grade of School Completed: 7 8 9 10 11 12

College Education / Classes: _____

_____

Hobbies or Other Interests: _____

_____

When are you available to assist at Second Hand Rose?

Days: Mon _____**Tues**_____ **Wed**____ **Thurs** _____ **Fri** _____ **Sat** _____ **Sun** _____

Hours: M _____ **T** _____ **W** _____ **Th** _____ **F** _____ **Sat/Sun**_____

Please list other agencies/organizations for which you have worked or volunteered:

_____

_____

_____

Please list any clubs or service groups of which you are presently a member:

_____

_____

_____

By completing this application for a volunteer position at Second Hand Rose, I understand that WAGAP and Second Hand Rose require a routine criminal check. By signing this form, I give permission for a routine criminal check.

By signing this form, I certify that, to the best of my knowledge, the information provided on this application is true and accurate. I also understand that knowingly providing false or incorrect information herein may be grounds for rejection of this application.

Signature _____ **Date** _____

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)

A REQUESTING AGENCY/ADDRESS

Agency: Washington Gorge Action Programs

Attn: Leslie Naramore

Address: P.O. Box 805

City/State/Zip: BINGEN, WA 98605

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

Authorized Signature _____ Date _____

Title: Executive Director

Area Code/Phone Number: (509) 493-2662

B PURPOSE

Check appropriate box

- ☐ Educational School District (ESD)/School District Volunteer - no fee
- ☒ Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)
- ☐ Profit Business/Organization - $10
- ☐ Adoptive Parent - $10

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

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: _____ Month/Day/Year Sex: _____ Race: _____

Social Security Number: do not need 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

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

Washington Gorge Action Programs
Requesting Agency

_____
Applicant's Signature

_____
Applicant's Name

_____
Address

_____
City/State/Zip

WSP Use Only

Valid Two Years From Issue

Applicant Right Thumb Print (Optional)

3000-240-430 (09/01)

WASHINGTON GORGE ACTION PROGRAMS
The Community Action Agency for Skamania and Klickitat Counties
P.O. Box 805, 115 W Steuben Street Bingen, WA 98605 509.493.3954 | 800.755.1192 | www.wagap.org

Permission to Use Photograph

I grant to Washington Gorge Action Programs, its representatives and employees the right to take photographs of myself and my property. I authorize Washington Gorge Action Programs, its assigns and transferees to copyright use and publish the same in print and/or electronically.

I agree that Washington Gorge Action Programs may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature, parent or guardian (if under age 18) _____