



## Prospective Volunteer Profile

Date: \_\_\_\_\_

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

Current Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Best telephone number and time of day to reach you: \_\_\_\_\_

Email Address(s) \_\_\_\_\_

Do you have any relatives who are currently volunteering or employed by or have ever been employed by Transitions? \_\_\_\_\_

How were you referred to Transitions? \_\_\_\_\_

Do you have a site of interest? Please check one or more.

*""Women's Hearth    ""Miryam's House    ""Transitional Living Center    EduCare """"""New Leaf Bakery Cafe*

Please indicate the days and hours you are available:

MON\_\_\_\_\_TUE\_\_\_\_\_WED\_\_\_\_\_THUR\_\_\_\_\_FRI\_\_\_\_\_SAT\_\_\_\_\_SUN\_\_\_\_\_

Approximately how many hours per week or per month would you like to volunteer? \_\_\_\_\_

Do you have any special skills you would like to share?

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Please download form, fill out and email, mail, or fax to:

[vol@help4women.org](mailto:vol@help4women.org)

Fax: 509.325.9877

3128 N. Hemlock, Spokane, WA 99205

# 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

<p><b>A REQUESTING AGENCY/ADDRESS</b></p> <p>Agency _____</p> <p>Attn _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>Authorized Signature _____ Date _____ ( ) Title _____ Area Code/Phone Number _____</p> <p><b>(Office Use Only)</b></p>	<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 \$10.00 processing fee per notary seal.</b> _____ Notarized Letter(s)</p>
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**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 (optional)

Social Security Number: \_\_\_\_\_ Driver's Lic. Number/State: \_\_\_\_\_ / \_\_\_\_\_  
(optional)

**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)