



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?

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

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>A REQUESTING AGENCY/ADDRESS</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 _____</p> <p>Title _____ Area Code/Phone Number _____</p> <p>(Office Use Only)</p>	<p>B PURPOSE</p> <p>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 & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</p> <p>_____ 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)