



Last Name: _____

Volunteering with Wonderland Developmental Center

Please complete this form and return it to Wonderland. We appreciate your interest in Wonderland and look forward to working with you.

About You:

Name: _____
Last First M. I.

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Please place an "x" near your preferred contact number.

Home: _____ Mobile: _____

Work: _____

Emergency Contact Person: _____

Emergency Telephone: _____ Relt. to you: _____

Employer name & address:

How did you learn of volunteer opportunities with Wonderland?

Please indicate when you are available to volunteer:

- Monday Tuesday Wednesday Thursday Friday Saturday

Experience & Interests

Please describe your educational, professional, and volunteer experience that would be relevant to your volunteer work at Wonderland:

Last Name:

Please indicate your computer skills:

PC/Macintosh		Dreamweaver	
Access		Quickbooks	
Excel		Publisher	
Word		Powerpoint	
Other products:			

- 1) Do you have a computer available to you Yes ____ No ____
- 2) Are there any skills you are interested in developing through your volunteerism with Wonderland?
- 3) What appeals to you about the Wonderland program?

Volunteer Jobs:

Please indicate any areas in which you are interested in volunteering:

Administrative/office:		Computer work:	
Bulk mailings		Word processing	
Copying/Shredding		Data entry	
Correspondence		Graphic design/page layout	
Assemble program materials		Research	
Organize filing systems			
		Special events/grant writing:	
Classroom:		Grant writing	
Prepare snacks		Researching grant opportunities	
Cleanup after classes		Coordinating special events	
Classroom assistant		Staffing special events	
Childcare for Families			
		Committee membership:	
Board of Directors:		Fundraising	
Board membership		Personnel	
		Finance	
		Program (WDC's services)	
		Technology	

Other (not listed): _____



Last Name:

Confidentiality Statement

All patient Protected Health information [(PHI) – which includes patient medical and financial information], employee records, financial and operating data of the center, and any other information of a private or sensitive nature are considered confidential. Confidential information should not be read or discussed by any contractor unless pertaining to his or her specific job requirements. Examples of inappropriate disclosures include:

- Discussing or revealing PHI or other confidential information to friends or family members.
- Discussing or revealing PHI or other confidential information to other contractors without a legitimate need to know.
- The disclosure of a patient's presence in the center, hospital, or other medical facility, without the patient's consent, to an unauthorized party without a legitimate need to know, and that may indicate the nature of the illness and jeopardize confidentiality.

The unauthorized disclosure of PHI or other confidential information can subject each individual employee/contractor/vendor and the center to civil and criminal liability. Disclosure of PHI or other confidential information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, is grounds for immediate disciplinary action up to and including termination.

Confidentiality Agreement

I hereby acknowledge, by my signature below, that I understand that the PHI, other confidential records, and data to which I have knowledge and access in the course of my work with Wonderland Developmental Center is to be kept confidential, and this confidentiality is a condition of my participation. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my job requirements. I understand that my duty to maintain confidentiality continues after I am no longer an employee/contractor /vendor.

I am familiar with the guidelines in place at Wonderland Developmental Center pertaining to the use and disclosure of patient PHI, financials, or other confidential information. Approval should first be obtained before any disclosure of PHI or other confidential information not addressed in the guidelines, policies, and procedures of Wonderland Developmental Center. I also understand that the unauthorized disclosure of patient PHI, financial information, and other confidential or proprietary information of Wonderland Developmental Center is grounds for disciplinary action, up to and including immediate dismissal in any capacity.

_____ Date

_____ Print Name

_____ Signature

_____ WDC Employee

For applicants under 18 years of age, Parental/Guardian Permission is required.

I give my child _____ permission to volunteer at Wonderland Developmental Center and agree to the above statements.

Signature of Parent/Guardian: _____

Print Name: _____ Date: _____

**Wonderland Developmental Center
Background Check**

As part of Wonderland Developmental Center's hiring process, we conduct background checks in accordance with our personnel policies. The type and level of check is dependent on the position you are applying for and your length of time within the state of Washington. Background checks are completed as the final stage of the hiring process. The following sources may be queried as part of Wonderland Developmental Center's background check process: DSHS; FBI Fingerprint Check; Washington Access To Criminal History (WATCH).

Please complete the attached form for the DSHS Background Check. Information from this form, including your name and social security number will be used for the WATCH check. If WDC conducts a background check using the information supplied by you, you will be notified of the results.

My signature below authorizes Wonderland Developmental Center to conduct background checks through the sources listed above and in accordance with their policies and procedures. I understand that the results of this background check will be released to Wonderland Developmental Center.

Signature

Date

Print Name

To be filled out by WDC staff:

Sources and Dates Checked: _____

Notification to applicant: _____

Signature: _____



Early Support for Infants & Toddlers

"Logo courtesy of the Department of Early Learning Early Support for Infants and Toddlers Program funded by the Individuals with Disabilities Education Act."

Snohomish County Early Intervention Program

3000 Rockefeller, MS 305, Everett, WA 98201
(425) 388-7402 or 1 (800) 927-9308 (Toll Free)
EarlyInterventionProgram@Snoco.org.



Snohomish County

REQUESTING A NEW STAFF OR VOLUNTEER AUTHORIZATION **PLEASE COMPLETE ALL INFORMATION**

*******NEW STAFF/VOLUNTEER INFORMATION*******

New Staff/Volunteer Name: _____ Staff Volunteer
Agency: _____ Start Date: _____
New Staff/Volunteer Role: _____ Supervisor _____
New Staff Phone _____ New Staff E-mail: _____
Have you completed a DSHS/BCCU Background Authorization form? YES NO

******* ALL NEW EIS STAFF *******

Do you have a Professional License and/or Education Certificate? YES NO
Have you completed the FRC Training for Year One? YES NO
Do you need access to the ESIT Data Management System? YES NO

Note: This will be done when we have a clearance on Background Authorization, a copy of your Professional License and/or your FRC Training Documentation and Verification Form.

*******PLEASE INCLUDE*******

DSHS Background Authorization:

1. Complete the DSHS BCCU Background Authorization Form DSHS 09-653
2. And Requesting New Staff Or Volunteer Authorization Form (This form)

FAX Documents ASAP to Snohomish County Early Intervention, Local Lead Agency.

License and/or Certificate

- FAX a copy of your License/Certificate to Snohomish County Early Intervention, Local Lead Agency.
- Does Not Apply, I will be working as VOLUNTEER ONLY.
- Does Not Apply, I will be working as an FRC ONLY.
- License is not available at this time. I will **NOT** be working in this capacity until I have a license/certificate.

Please Explain _____

Other Information _____



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EarlyInterventionProgram@Snoco.org.



Snohomish County

FRC Training Verification

<http://web3.esd112.org/specialized-services-birth-21/frc/training>

NEW FRC STAFF NAME _____
AGENCY _____
START DATE _____

YEAR 1 (<http://web3.esd112.org/specialized-services-birth-21/frc/training>)

1. Complete two Year 1 FRC Introductory Modules within 2 months of hire.

- FRC Intro Online Module- Early Intervention in WA. Date Completed _____
- FRC intro Online Module - Creating IFSP *** Date Completed _____
- Data Management System (DMS) Training Date Completed _____

***Contact Angie Ahn-Lee for Training DMS access.

When Complete, FAX this form and confirmation documents to Snohomish County Early Intervention, Local Lead Agency. .

2. Attend 2 Professional Learning Community (PLC) via a video conferencing system.

Dates Completed 1) _____ 2) _____

When Complete, FAX this form and confirmation documents to Snohomish County Early Intervention, Local Lead Agency.

YEAR 2 (<http://web3.esd112.org/specialized-services-birth-21/frc/training>)

1. Complete the year 2 online training module (Do this before the onsite training)

Date Completed _____

2. Attend one of two year 2 onsite trainings offered at all ESD's.

Date Completed _____

When Complete, FAX this form and confirmation documents to Snohomish County Early Intervention, Local Lead Agency.

YEAR 3 and Beyond

Submit at least 12 training hours on the FRC Report form, Year 3 and Beyond. These hours can be done on your own or thru the ESIT Professional Learning Community (PLC) – each form must be signed by participant and faxed to Snohomish County Early Intervention, who will approve and then send to ESD 112 for annual certification.

FAX Yearly, FRC Training Forms to Snohomish County Early Intervention by May 30th.

Snohomish County Early Intervention Program, Local Lead Agency	Program Manager Angie Ahn-Lee (425) 388-7114 Angie.Ahn-Lee@Snoco.org	
Educational Services District 112	Training Support Carol Hall (360) 952-3514 carol.hall@esd112.org	Training Support Sue Blount (360) 952-3537 sue.blount@esd112.org
ESIT Data Management System (DMS)	DMS Manager Bob Morris (360) 725-3507 bob.morris@del.wa.gov	Assistant DMS Manager Terri Jenks-Brown (360) 725-3506 terri.brown@del.wa.gov

Fax all forms/documents to Snohomish County Early Intervention, Local Lead Agency (425) 388-7304



Early Support for
Infants & Toddlers

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Snohomish County



Background Check Authorization

PROCESSING CODE

SECTION 1. ENTITY INFORMATION (COMPLETED BY DSHS STAFF, PROVIDER, APPLICANT, LICENSEE, AND/OR CONTRACTOR)

1A. ENTITY REQUESTING THE BACKGROUND CHECK Snohomish County Child Development Services (CDS)	1B. ENTIRE ADDRESS OF ENTITY LISTED IN BOX 1A 3000 Rockefeller M/S 305, Everett, 90201 Fax results to : (425) 388-7304	1C. NAME OF SECONDARY ENTITY N/A
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2. **REQUIRED:** NAME AND SIGNATURE OF PERSON REQUESTING THE BACKGROUND CHECK

PRINTED NAME: **Maria Skowron De La Paz, Sno Co Early Intervention** SIGNATURE: _____

3. **REQUIRED ONLY FOR DSHS STATE EMPLOYMENT**

DSHS POSITION NUMBER _____ (WRITE NONE IF NONE) DSHS JOB CLASSIFICATION: _____ PERSONNEL IDENTIFICATION NUMBER: _____

Permanent appointment Non-permanent appointment Work study / student internship Volunteer Acting

4. **REQUIRED:** BCCU ACCOUNT NUMBER
11001104

5. DSHS ID NUMBER OR NAME

SECTION 2. THIS SECTION IS FOR APPLICANT INFORMATION ONLY (THE PERSON TO BE CHECKED IS THE APPLICANT)

6. SOCIAL SECURITY NUMBER
Not Required

7. **REQUIRED:** DATE OF BIRTH (MM/DD/YYYY)

8. PRINT YOUR E-MAIL ADDRESS

9. **REQUIRED:** PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR OTHER PHOTO ID. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.

FIRST: _____ MIDDLE: _____ LAST: _____

10. **REQUIRED:** PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.

FIRST: _____ MIDDLE: _____ LAST: _____

REQUIRED: SELF DISCLOSURE QUESTIONS. SEE INSTRUCTIONS.

You must answer Questions 11A through 14. Attach an additional sheet of paper if you need to list additional crimes or pending charges.

11A. Have you been convicted of any crime? If yes, fill in the blanks below. _____ Yes No

_____ Degree: _____ State: _____ Conviction date: ____/____/____

11B. Do you have charges (pending) against you for any crime? If yes, fill in the blanks below. _____ Yes No

_____ Degree: _____ State: _____

12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? _____ Yes No

13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? _____ Yes No

14. Has a court ever entered any of the following against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile or child? _____ Yes No

- Permanent* vulnerable adult protection order / restraining order, either active or expired, under RCW 74.34.
- Sexual assault protection order under RCW 7.90.
- Permanent* civil anti-harassment protection order, either active or expired, under RCW 10.14.

See instructions for description of "permanent."

15. **REQUIRED:** PRINT YOUR DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER (WRITE NONE IF NONE) _____ **REQUIRED:** PRINT THE NAME OF THE STATE ON YOUR LICENSE OR ID _____

16. **REQUIRED**

Have you lived in any state or country other than Washington State within the last three years (36 months)? Yes No

17. **A. REQUIRED:** PRINT YOUR MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION

APT. NO. _____ CITY _____ STATE _____ ZIP CODE _____

B. REQUIRED: PRINT THE STREET ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF YOUR STREET ADDRESS IS THE SAME AS YOUR MAILING ADDRESS)

APT. NO. _____ CITY _____ STATE _____ ZIP CODE _____

C. REQUIRED: GIVE THE DAYTIME AREA CODE AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED

18. I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles or children. I understand and agree my signature in box number 19 means:

- I give DSHS permission to check my background with any governmental entity and law enforcement agency.
- My background check result may include prior self-disclosure information and fingerprint results that are contained in the DSHS Background Check System and that this information will be reported as allowed by federal or state law.
- If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result.
- DSHS will give my background check result to the persons or entities named in Section 1 and may release my background check results to other persons or entities when the law authorizes or requires DSHS to do so. Fingerprint rap sheets are provided if allowed by federal or state law.
- The entity requesting this background check must submit this form to the Background Check Central Unit within the timeframe required by the DSHS oversight program.

19. **REQUIRED:** YOUR SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18. _____

20. **REQUIRED:** TODAY'S DATE (MM/DD/YYYY) _____

PROGRAM USE – FOLLOW INSTRUCTIONS PROVIDED BY YOUR DSHS OVERSIGHT PROGRAM

Instructions for Completing the Background Check Authorization
DSHS 09-653

These instructions provide general directions for completing the Background Check Authorization form. This form is used by multiple DSHS programs to meet varying background check needs. **The DSHS oversight program requiring the background check may have additional instructions that you must follow.**

The Background Check Central Unit (BCCU) **cannot** complete the background check unless all required boxes are complete. Required boxes have the word **REQUIRED:** next to the box number as shown in the example below:

4. REQUIRED: BCCU ACCOUNT NUMBER

IMPORTANT: If you do not provide all required information, your background check will be delayed.

ATTENTION ENTITIES AND DSHS STAFF: Only submit this authorization form once. Multiple submissions of the same authorization form causes delays in processing background checks.

PROCESSING CODE: If you use a priority processing code or "fingerprint required", enter it in this box. Priority processing codes include new hire, initial contract, initial license, approved rush, Community Protection, and DSHS state employee.

SECTION 1: TO BE COMPLETED BY THE ENTITY REQUESTING THE BACKGROUND CHECK

This section must be completed by the **entity** requesting the background check. Entities are most often DSHS programs, hiring authorities, and external providers who submit background check requests to the Background Check Central Unit.

Box No. Instructions

- 1A Enter the name of the entity requesting the background check.
- 1B Enter the full address of the entity listed in Box 1A.
- 1C Enter the name of the secondary entity associated with the background check. A secondary entity may be a contractor, subcontractor, or other entity associated with this background check. Your oversight program will provide instructions on how to use this box.
- 2 Provide the printed name and signature of the person requesting the background check. This is the person who is submitting the background check on behalf of the entity listed in Box 1A.
- 3 Complete this box **ONLY** if the background check is for DSHS employment purposes. External providers should **not** complete this box.
- 4 Enter your BCCU account number in this box. You can find your BCCU account number at <http://www.dshs.wa.gov/fsa/bccu/account-numbers>. DSHS state employment account numbers are available on the BCCU intranet webpage.
- 5 Enter a DSHS ID number or name if required by your DSHS oversight program.

SECTION 2: TO BE COMPLETED BY THE APPLICANT

This section must be completed by the **applicant**. The applicant is the person whose background we are checking. Except as noted in these instructions, DSHS staff must not complete Section 2 for the applicant. Note: Adult Protective Services program staff may complete the applicant information for an APS investigation background check.

Box No. Instructions

- 6 You may choose to provide your Social Security Number. Your Social Security Number helps the Background Check Central Unit match your name and date of birth to existing records in our database and may speed up completion of your background check.
- 7 Print your date of birth listing the month, day, and year.
- 8 Provide an e-mail address where we can reach you.
- 9 Current Name: List your first, middle, and last name as they are listed on your current Driver's License or other primary photo ID. (See example below.) Accepted government-issued photo ID includes any federal, state, or local government-issued ID, US military ID, US or foreign passport, or federally recognized tribal ID. Write **N/A** in each field that you do not have a name to enter.

9. **REQUIRED:** PRINT YOUR NAME AS IT IS ON YOUR DRIVER'S LICENSE OR OTHER PHOTO ID. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.

FIRST: **Susan**

MIDDLE: **Jane**

LAST: **Smith**

- 10 Other Names: Print all other first, middle, or last names you have used. Other names include nicknames, birth names, maiden names, etc. If you have not used any other first, middle, or last names, you must enter **N/A** in the appropriate box. Do not leave any of the boxes blank. (See examples below)

Example 1 – entering two nicknames and one maiden name. No other middle names have been used.

10. **REQUIRED:** PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.

FIRST: **Sue, Susie**

MIDDLE: **N/A**

LAST: **Jones**

Example 2 – entering N/A because no other first, middle, or last names have been used.

10. **REQUIRED:** PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.

FIRST: **N/A**

MIDDLE: **N/A**

LAST: **N/A**

See important information about answering self-disclosure questions following the description for Box 20.

Box No. Instructions

- 11A You must check **YES** or **NO**. If you check **YES**, you must enter the crime name, degree (if any), state, and the conviction date (MM/DD/YYYY). If you need to list additional convictions, attach a separate piece of paper to the Background Check Authorization form. Include your name and all the required information listed above.
- 11B You must check **YES** or **NO**. If you check **YES**, you must enter the pending charge name, degree (if any), and state. If you need to list additional pending charges, attach a separate piece of paper to the Background Check Authorization form. Include your name and all the required information listed above.
- 12-14 Read each question carefully before answering. You must check YES or NO. ***Question 14: Permanent means the order was issued either following a hearing or by stipulation of the parties.**
- 15 Enter your Driver's License or state-issued ID and the state where it was issued.
- 16 If you have continuously lived in Washington State without living in another state or country for the last three years (36 months), answer **NO**. If you have lived in any state or country other than Washington State within the last three years (36 months), answer **YES**.
- 17 17a - Enter your mailing address where BCCU can send you confidential information such as a copy of your background check results.
17b – Enter your street address if it is different than your mailing address. If your street address and mailing address are the same, enter **SAME**.
17c – Enter the daytime phone number where you can be reached.
18. Read the statements in Box 18. Your signature in Box 19 means you have read, understand, and agree to the statements listed in Box 18.
19. Sign your name as it is listed in Box 9. If you are not 18 years old, a parent or guardian must sign for you.
20. Enter the month / day / year (MM/DD/YYYY) you signed Box 19.

IMPORTANT INFORMATION ABOUT ANSWERING SELF-DISCLOSURE QUESTIONS: Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. Self-disclosures are reported as part of your background check result like any other background check history we receive. It is important that your answers to self-disclosure questions are accurate and consistent. It is strongly recommended that you answer self-disclosure questions the same way each time you complete the Background Check Authorization form unless the question has changed or the previous answer was wrong. It is also recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates and other information exactly as they are listed in those documents.

If you have questions about the Background Check Central Unit background check process, contact BCCU at bccuinquiry@dshs.wa.gov or call 360-902-7555.