



## VOLUNTEER/INTERN APPLICATION

Last Name:	First Name:	Middle Initial:		
Address:	City:	State:	Zip:	
Daytime Phone #:	Home Phone #:	Email:		
How long are you interested in volunteering/interning for?				
How many days a week do you want to volunteer/intern?				
How did you hear about Consejo?				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If yes, please provide further information)				
Date: _____		Charge: _____		
City/State: _____		Action Taken: _____		
Language Abilities:				
	Read	Write	Speak	Understand
ENGLISH	_____	_____	_____	_____
SPANISH	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

### EDUCATION AND TRAINING SUMMARY

Colleges, Vocational or Technical Schools, Training Center	Major Subject	Units Completed	Degree Type/Certificate
Licenses and Certificates (State, Professional, Trade, etc., which are related to this position)			
Description	Issued by	Number	Expiration Date

What contact or experience have you had with persons of other cultural or ethnic backgrounds?

List skills and talents you have to share with Consejo:

What types of volunteer/intern activities are you interested in doing?

What will your volunteer/intern time be used for? (i.e. school intern hours, community service hours, other)

I hereby certify that all information or omission of any material fact on this application is true to the best of my knowledge and understand that falsification of information on this application may lead to the removal of my name from the eligibility list or termination from employment.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## CONSEJO COUNSELING & REFERRAL SERVICE

### DRUG-FREE AGENCY

Consejo Counseling & Referral Service is committed to protecting the safety, health and well-being of all employees, volunteers/interns, contractors, clients and visitors who come into the agency. Both staff and management share the goal of the agency being Drug-Free and together in partnership work to make this goal a reality.

Recognizing that drug and alcohol abuse pose a direct and significant threat to this goal, Consejo is committed to assuring a Drug-Free environment for all employees and volunteers/interns. The goal is mandated in good faith to protect people. It includes clients, as well as the general public.

Consejo Counseling & Referral Service, therefore, strictly prohibits the illegal use, possession, sale, conveyance, distribution or manufacture of illegal drugs, intoxicant or any controlled substance in any amount or in any manner. Consejo strictly prohibits the abuse of alcohol and prescription drugs.

Any violation of this policy may result in the termination of volunteer/intern status and referral for criminal prosecution.

I agree to comply with Consejo's Drug-Free policy and have been given a copy of this policy.

I have read and agree to comply with this policy.

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Volunteer/Intern Signature

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Date

## CONSEJO COUNSELING & REFERRAL SERVICE

### SEXUAL HARASSMENT

Sexual harassment is a form of unlawful discriminatory behavior and is strictly forbidden at Consejo. Sexual harassment includes unsolicited and unwelcome advances, requests of sexual favors or other verbal or physical conduct of a sexual nature by Consejo staff, contractors, volunteers and third parties. Sexual harassment also includes the use of pornography, sexual objects, sexual jokes and touching a peer without his/her consent. All persons employed by Consejo are expected to work actively to maintain a workplace that is free from sexual harassment, hostile work environment and any other forms of unlawful discrimination. If you feel that you have been subjected to sexual harassment, please notify your supervisor, management personnel, or human resources. If you feel that a co-worker has been subjected to sexual harassment, please encourage the employee to contact his/her supervisor, management personnel, or human resources. Your concerns will be immediately investigated and addressed. You will not suffer retaliation for your report.

#### EXAMPLES (WHEN IN DOUBT ASK)

1. Names calling such as honey, babe, sweetheart;
2. Asking an individual about their sexual fantasies, history, preference, and sexual life;
3. Commenting to an individual about your personal sex life;
4. Asking an individual out and you are aware that the person is not interested;
5. Kissing sounds and whistling towards someone;
6. Following an individual around, giving or sending unwanted notes and gifts;
7. Sending emails of pornography, pinups of nude pictures;
8. Touching of clothes, hair or body;
9. Brushing up against an individual; and
10. Exposing oneself sexually
11. Engaging in implicit coercive sexual behavior that is used to control, influence, or affect the career, salary, and/or work environment of another employee; and
12. Careless disregard of an individual through abuse of authority.

I have read and agree to comply with this policy.

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Volunteer/Intern Signature

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Date

## CONSEJO COUNSELING & REFERRAL SERVICE

### VOLUNTEER/INTERN CONFIDENTIALITY AGREEMENT

It is the policy of Consejo Counseling & Referral Service to ensure that the operations, activities and business affairs of the agency and clients are kept confidential to the greatest possible extent. I understand and agree that my employment with Consejo creates a relationship of confidence and trust between myself and the agency with respect to all proprietary and confidential information of others with whom Consejo has a business or client relationship. Both during my employment and after termination of employment, I will keep in confidence all such information, and I will not use or disclose any such information without the written consent of Consejo's senior management, except as may be necessary in the ordinary course of performing my duties for Consejo. Confidential information includes information regarding clients, employees, volunteers/interns and Consejo business/operational practices.

All information obtained from and regarding clients is held in strict confidence. Such information can be reviewed only with Consejo staff and non-employees authorized to review the information and have a need to know such information. Authorization to share such information must be obtained by a signed release from the client.

All information obtained from and regarding employees, volunteers/inters, contractors, consultants and others associated with this agency are held in strict confidence. Such information can be reviewed only by Consejo staff who have a need to know and authorization to review such information. Non-employees can access such information only with a specific signed released from the involved party or as required by law.

If I have any questions as to what comprises confidential or proprietary information, or if I have any questions as to what constitutes a conflict of interest or breach of confidentiality, I will consult with Consejo's senior management staff.

I understand that if I am in violation of this policy, that volunteer/intern status may be terminated. I understand that I may also be subject to civil and /or criminal penalties for violations of applicable law.

**I have read and agree to comply with this policy.**

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Volunteer/Intern Signature

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Date



## BACKGROUND CHECK

I authorize Consejo Counseling and Referral Services to obtain a consumer report. I understand that inquiry may include, but is not limited to: conviction records, motor vehicle records, credit checks, references, employment verification, education verification and copies of prior personnel files.

Name of Authorizing Consumer: \_\_\_\_\_ (Please Print)

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

Signature of Authorizing Consumer: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_

University Name \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

Month/Yr Start \_\_\_\_\_ Month/Yr Graduated \_\_\_\_\_

This authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681b(b)(2)(B).

Note: The FCRA requires that a consumer must authorize in advance the procurement of a consumer report for employment purposes.

\_\_\_\_\_  
Volunteer/Inter Signature

\_\_\_\_\_  
Date

**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 \$16.00 CHECK OR MONEY ORDER. FOR REQUEST BASED ON FINGERPRINTS, MAIL A COMPLETED FINGERPRINT CARD AND FEE OF \$38.00. 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 \$12.00 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: \_\_\_\_/\_\_\_\_/\_\_\_\_ (print) Name/Title of Requestor Requestor's Signature  
Mo. Day Yr.

Provide e-mail to receive background results electronically. Phone No. ( ) \_\_\_\_\_

E-mail address Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City State ZIP Code

Subject's Right Thumb Print (Optional)