



Peer Connections Application

Peer Connections is recruiting for people with developmental disabilities and others interested in making connections with DDA clients. Volunteers will be paid a small stipend to make two visits over the course of a year.

Name: _____

Address: _____

Phone: _____

Email: _____

I need travel assistance to attend the one day training (10:00 am to 3:00 pm) at the SeaTac Airport Conference Center or the Arc of Spokane.

Mileage Yes No

Airfare Yes No

Other: _____



All volunteers with the Washington State Developmental Disabilities Council must pass a background check (see WAC 388-06-0110). By signing below, you give the Washington State Developmental Disabilities Council permission to conduct a background check.

Should the background check results indicate a criminal offense that may disqualify you from volunteering with the Developmental Disabilities Council, you will be notified immediately.

Should the background check results indicate no criminal offense that would disqualify you from volunteering with the Developmental Disabilities Council you will be cleared for participation. Your results will remain on file for at least one year and a background check will be conducted each year for which you wish to volunteer with the Council.

I, _____, give the Washington State Developmental Disabilities Council permission to conduct a Washington State Patrol background check. I understand that all information will be kept confidential and will only be used to qualify me to volunteer for Washington State Developmental Disabilities Council projects.

Please list any other names you may have been known by. Include any nicknames, maiden names, previous married names, etc.

Date of Birth

Signature

Date