



## 62<sup>nd</sup> Washington YMCA Youth Legislature May 6-9, 2009 Host Home Information Form

Name \_\_\_\_\_  
 Phone (day) \_\_\_\_\_ Phone (Eve) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_

	Yes	No	
We are able to host this year	<input type="checkbox"/>	<input type="checkbox"/>	<b>Boys</b> <input type="checkbox"/> <b>Girls</b> <input type="checkbox"/> <b>Either</b> <input type="checkbox"/> <b>Total #</b> _____
We can greet students Wednesday Evening after 9:30 pm	<input type="checkbox"/>	<input type="checkbox"/>	
Delegates should bring sleeping bags <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We have pets (Cats? Dogs?)	<input type="checkbox"/>	<input type="checkbox"/>	<b>Explain</b> _____
We are smokers	<input type="checkbox"/>	<input type="checkbox"/>	
We can serve dinner on Friday night	<input type="checkbox"/>	<input type="checkbox"/>	
We can accommodate vegetarians	<input type="checkbox"/>	<input type="checkbox"/>	
We can provide breakfast each morning	<input type="checkbox"/>	<input type="checkbox"/>	
Total number of people living at your home & ages _____			

If you are unable to host should we: contact you next year?   
 remove you from the mailing list?

Where did you hear about us? Volunteered before  Coffee News   
 Newspaper ad  Friend   
 Other  \_\_\_\_\_

Are you an alumni of YMCA Youth Legislature or Mock Trial?  
 Yes  No  Year \_\_\_\_\_ Program \_\_\_\_\_

**Please provide detailed directions to your home, from the State Capitol.**

Please return form to:  
 P.O. Box 193 Olympia, WA 98507; fax to (360) 753-4615 or email to youthandgovpdir@qwestoffice.net

## Conditions of Volunteer Participation and Release from Liability

The YMCA of Greater Seattle's mission is: Building a community where individuals, especially the young, are encouraged to develop their full potential in spirit, mind and body. As a volunteer, I will cooperate in the fulfillment of this mission.

**Volunteer Terms:** I agree to abide by the YMCA's policies, procedures and Code of Conduct. I understand the YMCA does not provide any health benefits (i.e. medical, dental, workers compensation, etc.) or any accident insurance for me as a volunteer; I understand it is my responsibility to provide this coverage. I understand that the YMCA of Greater Seattle does not provide volunteer compensation or trade volunteer services for membership or program fees.

**Property Loss:** I understand the YMCA is not responsible for my personal property lost, damaged or stolen while participating in YMCA volunteer activities.

**Medical Treatment:** I give permission for YMCA representatives to provide or arrange for emergency care for me, and to arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I further understand that the YMCA is not responsible for payment for such medical treatment.

**Photograph Permission:** I give permission for the YMCA to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret YMCA programs.

**Release from Liability:** I understand that accidents may occur during my volunteer activities. By signing below, I release the YMCA, its agents, directors, consultants, and employees from all liability based on any damage, loss or injury, whether it is the result of ordinary negligence or otherwise, caused to me or my dependent from participation as a volunteer.

Please include all individuals **16 years and above** residing in your home.

Name (please print)	Initial	Date
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____
f. _____	_____	_____
g. _____	_____	_____

I also give permission for my dependent to participate in YMCA volunteer activities.

\_\_\_\_\_  
**Signature of parent or guardian if residents are under age 18**    **Date** \_\_\_\_\_

**THE FOLLOWING ARE DESCRIPTIONS OF SOME OF THE TERMS USED ON THE  
APPLICANT CRIMINAL AND ABUSE DISCLOSURE FORM**

Crimes against persons as found in a court of law that result in imprisonment or a fine. Specifically, these are listed on the Applicant Disclosure. It does not include offenses that have been pardoned, nor other findings of innocence after-the-fact, nor does it include offenses for which the person has a certificate of rehabilitation. It does include deferred or suspended sentences, unless the record was cleared.

Civil Actions involve one party (individual) taking action, on behalf of a child, against another party for abusing or exploiting the child. Imprisonment is not imposed for these crimes; damages (money) may be awarded instead.

Dependency action or domestic relations proceedings. The most common forms of these civil action court findings are when (1) Child Protective Services (CPS) has filed a petition for a child's protection because of abuse or exploitation, the case has gone to court, and the child has come under the protection of the court. These are usually family-related incidents, but could result from friends' or neighbors' abuse of the child. Also, (2) child custody disputes may initiate court findings of child sexual abuse or exploitation.

Disciplinary Board final decision. Any final decision issued by the director or the Disciplinary Board of the Washington State Dept. of Licensing, for the inappropriate behavior or actions regarding sexual or physical abuse or exploitation of a child or developmentally disabled individual, or financial exploitation of a vulnerable adult within the following businesses or professions:

- a) Chiropractic
- b) Dentistry
- c) Dental hygiene
- d) Massage
- e) Midwifery
- f) Naturopathy
- g) Osteopathy
- h) Physical therapy
- i) Physicians
- j) Practical nursing
- k) Psychology
- l) Real estate brokers and salespersons
- m) Registered nursing

Vulnerable adult means a person sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself, or a patient in a state hospital.

Financial Exploitation means the illegal or improper use of a vulnerable adult or that adult's resources for another person's profit or advantage.



**Please answer these questions for all individuals listed on page one. A NO response indicates that none of the individuals listed would answer yes to the question. A YES response indicates that at least one of the individuals listed on page one would answer YES. If YES, please indicate the name (or names) of individuals responding YES to the question. Explain all YES responses below.**

2. Have you ever been convicted of any of the following crimes (or their equivalents) against children or other persons? aggravated murder; 1° or 2° murder; 1° or 2° kidnapping; 1°, 2° or 3° assault; 1°, 2° or 3° assault of a child; 1°, 2° or 3° rape; 1°, 2° or 3° rape of a child; 1° or 2° robbery; 1° arson; 1° burglary; 1° or 2° manslaughter; 1° or 2° extortion; indecent liberties; incest; vehicular homicide; 1° promoting prostitution; prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; 1° or 2° criminal mistreatment; child abuse or neglect; 1° or 2° custodial interference; malicious harassment; 1°, 2° or 3° child molestation; 1° or 2° sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of a child abuse restraining order; child buying or selling; felony indecent exposure; or luring a child or developmentally disabled individual.  
 NO \_\_\_ YES \_\_\_ (If YES, explain below) \_\_\_\_\_ (name)
3. Have you ever been convicted of any of the following crimes of financial exploitation when the victim was a vulnerable adult? 1°, 2° or 3° extortion; 1° or 2° robbery; or forgery.  
 NO \_\_\_ YES \_\_\_ (If YES, explain below) \_\_\_\_\_ (name)
4. Have you ever been found by a court in a civil action (including domestic relations proceedings and child dependency actions) to have sexually abused or exploited any minor or to have physically abused any minor?  
 NO \_\_\_ YES \_\_\_ (If YES, explain below) \_\_\_\_\_ (name)
5. Have you ever been found in a disciplinary board final decision to have physically or sexually abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?  
 NO \_\_\_ YES \_\_\_ (If YES, explain below) \_\_\_\_\_ (name)
6. Have you ever been found in a protection proceeding to have abused or financially exploited a vulnerable adult?  
 NO \_\_\_ YES \_\_\_ (If YES, explain below) \_\_\_\_\_ (name)
7. Have you been arrested or charged with a crime within the last 10 years? (Only arrests/charges and convictions which the YMCA believes are reasonably related to the duties of the job will be considered.)  
 NO \_\_\_ YES \_\_\_ **If YES, mark a), b), c) and provide complete explanation below.**  
 a) Are the charges still pending? no\_\_ yes\_\_ b) Have the charges been dismissed? no\_\_ yes\_\_  
 c) Did the charges result in conviction? no\_\_ yes\_\_ \_\_\_\_\_ (name)

**Explain (include crime(s), year(s), location(s) and circumstances):**

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**Under penalty of perjury, I swear or affirm that to the best of my knowledge and belief, the information supplied by me in this disclosure is true, accurate and complete. I also give permission for the YMCA Youth & Government program to run a WSP background check. (Please include the signatures of all individuals listed on page one.)**

Signature a. \_\_\_\_\_ Date \_\_\_\_\_  
 Signature b. \_\_\_\_\_ Date \_\_\_\_\_  
 Signature c. \_\_\_\_\_ Date \_\_\_\_\_  
 Signature d. \_\_\_\_\_ Date \_\_\_\_\_  
 Signature e. \_\_\_\_\_ Date \_\_\_\_\_  
 Signature f. \_\_\_\_\_ Date \_\_\_\_\_  
 Signature g. \_\_\_\_\_ Date \_\_\_\_\_