

## Volunteer/ Leader Application

Thank you for choosing to volunteer for The Arc of Snohomish County. We're looking forward to working with you, and we're glad you are joining us in our mission fostering respect and access for individuals with intellectual and developmental disabilities and their families, giving them the power to achieve a full and satisfying life.

Please complete pages 1-6 along with the background check paperwork.

If you are signing up to be a Helping Parent or IEP Parent Partner we will also need pages 7-8 completed.

Completed forms can be turned into Arc staff you have been working with or you can send to:

MAIL: Jamie Coonts  
Program Director  
The Arc of Snohomish County  
2500 Hewitt Ave, Ste. 300  
Everett, WA 98201

FAX (425) 252-8232  
Phone (425)258-2459

EMAIL: Jamie@arcsno.org

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

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Add me to Arc's Email list?  Yes  No

Preferred method of contact:  Home Phone  Cell Phone  Email

List any languages you speak fluently: \_\_\_\_\_

If you are a professional, what is your occupation? \_\_\_\_\_

Formal Education (highest year of school completed): \_\_\_\_\_

How did you learn about our program?

Area of Interest:  Advocacy  Boards/Committees  Child Care  Helping Parent  Housing  
 IEP Parent Partner  Office Work  Sibshops  Special Education  Volunteer at Arc Events

Do you have experience with:  Advocacy  Children  Letter Writing  Office Work  
 Boards/Committees \_\_\_\_\_  Other \_\_\_\_\_

If so, please describe:

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Additional applicable volunteer work, including brief description of duties/activities:

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Why are you interested in volunteering for the Arc of Snohomish County?

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Please list three references of people who know you well other than relatives, preferably for whom you have worked in either a paid or volunteer capacity.

	Name	Phone	Relationship
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

# Leadership Mission & Values

## **The Arc of Snohomish County Mission Statement:**

*The Arc fosters respect and access for individuals with intellectual and developmental disabilities and their families, giving them the power to achieve a full and satisfying life.*

## **Snohomish County Developmental Disabilities Mission Statement:**

*Foster inclusive communities that support people with developmental disabilities to fully participate in, and contribute to all aspects of community life.*

## **Shared Governing Principles:**

- **Individualized Supports-** Design & develop supports to meet the specific needs & goals of each individual.
- **Diversity-** Promote culturally relevant supports while respecting & supporting individuals' uniqueness.
- **Inclusion & Contribution-** Promote inclusive/diverse communities so people have opportunities to achieve meaningful and purposeful lives.
- **Choice-** Create opportunities for individuals to have choices in their community and support individuals in advocating for themselves.
- **Access-** Promote individual and community accessibility.
- **Community-** Promote community based options.

## Respectful Language

Some individuals with developmental disabilities prefer to be referred to with [person-first language](#), where the person comes before the disability in the description (e.g. a “person with autism”). Others prefer identity-first language, which puts the disability or disorder first in the description (e.g. an “autistic person”).

### What is People First Language?

People with disabilities are – first and foremost – people who have individual abilities, interests and needs. They are moms, dads, sons, daughters, sisters, brothers, friends, neighbors, coworkers, students and teachers. About 54 million Americans -- one out of every five individuals -- have a disability. Their contributions enrich our communities and society as they live, work and share their lives.

The language a society uses to refer to persons with disabilities shapes its beliefs and ideas about them. Words are powerful; Old, inaccurate, and inappropriate descriptors perpetuate negative stereotypes and attitudinal barriers. When we describe people by their labels of medical diagnoses, we devalue and disrespect them as individuals. In contrast, using thoughtful terminology can foster positive attitudes about persons with disabilities. One of the major improvements in communicating with and about people with disabilities is "People-First Language." People-First Language emphasizes the person, not the disability. By placing the person first, the disability is no longer the primary, defining characteristic of an individual, but one of several aspects of the whole person. People-First Language is an objective way of acknowledging, communicating, and reporting on disabilities. It eliminates generalizations and stereotypes, by focusing on the person rather than the disability.

For more information on People First Language visit:

<http://www.thearc.org/page.aspx?pid=2523>

### Identity First Language?

Identity-first language places the disability-related word first in a phrase. People who prefer identity-first language for themselves often argue that their disability is an important part of who they are, or that they wouldn't be the same person without their disability.

### What is Neurodiversity?

Neurodiversity is a concept where neurological differences are to be recognized and respected as any other human variation. These differences can include those labeled with Dyspraxia, Dyslexia, Attention Deficit Hyperactivity Disorder, Dyscalculia, Autistic Spectrum, Tourette Syndrome, and others.

For many autistic people, neurodiversity is viewed as a concept and social movement that advocates for viewing autism as a variation of human wiring, rather than a disease. As such, neurodiversity activists reject the idea that autism should be cured, advocating instead for celebrating autistic forms of communication and self-expression, and for promoting support systems that allow autistic people to live as autistic people.

# Volunteer Checklist/Agreement

The Arc of Snohomish County recognizes the valuable contribution made to our programs and events through the volunteer assistance of parents and others. We thank you for your assistance and support. To safeguard individuals who access our programs and their records it is necessary that all volunteers be screened and trained regarding their involvement with participants during activities. Staff and volunteers should allow a minimum of forty-eight (48) hours after all forms have been completed and submitted for a volunteer applicant to receive clearance to begin serving as a volunteer. We thank you for your understanding of the need for these safeguards. **Please read and initial** each of the statements below & complete and return the request for background check.

**Your signature below indicates your agreement** to abide by all of the following expectations and that you have completed the above form prior to providing volunteer services.

## **Role and Expectations**

\_\_\_ Volunteers serve as helpers. I understand that all volunteer activities are to be conducted under the supervision of Arc staff.

\_\_\_ Staff members will determine and notify volunteers if any specific training or direction is required before assisting with an activity. I will confirm assigned responsibilities and expectations with the supervising staff member before beginning any activity.

\_\_\_ If problems arise, whether of medical, behavioral or operational nature shall be referred to an Arc employee for final resolution.

\_\_\_ I have read and understand the mission & values statement for the Arc of Snohomish County and have an understanding of People First, and Respectful language.

\_\_\_ I agree that The Arc may use such photographs of me with or without my name and for any lawful purpose such purposes as publicity, illustration, advertising, and Web content.

## **Confidentiality**

\_\_\_ I understand that volunteers shall not discuss the performance, actions, or any other information about any Arc participant except with Arc staff. I understand that confidentiality pertains to both written records and verbal statements.

\_\_\_ I agree and understand that the records and communications received by The Arc of Snohomish County are strictly confidential and that such information may not be divulged any time to any unauthorized person.

\_\_\_ I further agree and understand that safeguarding information about an individual which is obtained in the course of my service is a primary obligation, which I assume as a volunteer/leader or staff member.

Name of Volunteer \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_

Date \_\_\_\_\_

# Volunteer and/or Contractor Release/Hold Harmless Agreement

Volunteer/Contractor Name \_\_\_\_\_

This agreement includes all Arc of Snohomish County activities, meetings, and events I choose to participate in.

The undersigned desires to participate as a volunteer and/or contractor for events and/or activities.

I ACKNOWLEDGE that I assume all risks of injury or damage to my person or property. I agree to hold and save harmless the Arc of Snohomish County, its Board, Employees, Funders, and Property owners and assigns for any claims, suits or damages (including but not limited to defense and indemnification) which might result from my participating in the above-described event/activity.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(If under 18 years of age, parent's signature is required below)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

(If applicable)

A background check is also required.

1. Visit <https://fortress.wa.gov/dshs/bcs/> (Works best in Google Chrome)
2. After signing and saving Background Check Authorization form, system will generate confirmation code. Email, save, or write down the confirmation code. You will NOT be able to retrieve confirmation code after closing/exiting the webpage.
3. Email confirmation code and date of birth to [Jamie@arcsno.org](mailto:Jamie@arcsno.org) or call 425.258.2459 x104

**Thank you!**

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## Office Use:

Volunteer/ Leader Trainings Completed (type):

Date:

Staff (initials):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Volunteer Checklist Complete

Hold Harmless Agreement

Initial Background-Check Completed

Date cleared: \_\_\_\_\_ valid for 2 years

Subsequent Annual Background Checks: \_\_\_\_\_

*The Arc of Snohomish County Volunteer/Leader*

Release

**Complete this section only if you plan to be a Helping Parent or IEP Parent Partner**

I would like become a Helping Parent IEP Parent Partner Both

Are you a parent Grandparent?  Other *Please specify* \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: MF Date of Birth: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

What is the nature of your child's disability? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What school/district does or did your child attend? \_\_\_\_\_

What else would you like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your family structure, culture, or interests that would help us make an appropriate match for you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What else would you like us to know about you and/or your family?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check all of the following that you or your child has had experience with and you feel comfortable discussing with another parent:

**Medical:**

- Home nursing care
- G-tube/tube feeding
- Allergies
- Tracheostomy
- Shunting
- Sleep issues
- Seizures
- Surgery or medical procedure, please specify: \_\_\_\_\_

**School:**

- Daycare
- Early childhood special education
- Transition to school age services
- Self-contained special education
- Classroom inclusion
- Home-schooling
- Transition to adult services

Special diet, please specify: \_\_\_\_\_

**Therapy:**

- ABA therapy
- Physical therapy
- Occupational therapy
- Orientation & mobility
- Speech and language
- Vision services

**Other:**

- Advocacy
- Legal rights
- Challenging behaviors
- Sibling relationships
- Respite care
- Friendships
- Community inclusion
- Recreation
- Grandparents/extended family

Adaptive equipment, please specify: \_\_\_\_\_

Communication devices, please specify: \_\_\_\_\_

Are there other topics you feel confident speaking to another parent about? Please specify.

\_\_\_\_\_  
\_\_\_\_\_

***\*\*Complete this section only if you plan to be an IEP Parent Partner***

**Towns/School Districts in which I'd be willing to assist families (please fill out completely):**

- |  |  |                                       |                                     |
|--|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Arlington     | <input type="checkbox"/> Darrington      | <input type="checkbox"/> Edmonds      | <input type="checkbox"/> Everett    |
| <input type="checkbox"/> Granite Falls | <input type="checkbox"/> Index           | <input type="checkbox"/> Lake Stevens | <input type="checkbox"/> Lakewood   |
| <input type="checkbox"/> Marysville    | <input type="checkbox"/> Mukilteo        | <input type="checkbox"/> Monroe       | <input type="checkbox"/> Northshore |
| <input type="checkbox"/> Snohomish     | <input type="checkbox"/> Stanwood-Camano |                                       | <input type="checkbox"/> Sultan     |

**List what days & times you are available to attend IEP meetings:**

Monday  AM  PM Specify times: \_\_\_\_\_ Thursday  AM  PM Specify times: \_\_\_\_\_

Tuesday  AM  PM Specify times: \_\_\_\_\_ Friday  AM  PM Specify times: \_\_\_\_\_

Wednesday  AM  PM Specify times: \_\_\_\_\_