



LICWAC Volunteer Application Checklist

DCYF staff must complete SECTION 1, and all applicable subsections to ensure checklist is completed. The volunteer must complete section 2

SECTION 1: Completed by the requesting DCYF staff

Name of Volunteer _____

FamLink Check Completed Yes No Date Completed _____

Reference Check Completed Yes No Date Completed _____

Name of Staff completing Volunteer Orientation _____

Date _____

The Volunteer has:

Completed LICWAC Orientation (small group or 1:1)

Reviewed [DCYF Confidentiality Policy](#)

Reviewed [LICWAC Policy Chapter 23](#)

Reviewed related WAC's ([WAC 110-110](#))

Reviewed DCYF administrative Policy [Ethics and Employee Conduct](#)

SECTION 2: Completed by Volunteer

I have:

Completed Volunteer Application [DCYF-15-186](#)

Completed and signed off on Local Indian Child Welfare Advisory Committee Confidentiality Agreement [DCYF 09-126](#)

I have reviewed the above DCYF Policies, privacy standards and local procedures. I have completed the Volunteer Orientation and understand the rules and privacy requirements. I agree to follow all policies and procedures while I am participating in this role.

Volunteer Signature _____ Date _____

LICWAC Coordinator or Designee's Signature _____ Date _____