



WALLA WALLA VETERANS HOME SKILLED NURSING & LONG-TERM CARE



VOLUNTEERING

Volunteer Opportunities

Family and friends of residents, Veteran-service and other outreach groups, students, and individuals looking for ways to help local Veterans and/or seniors are warmly welcomed at the Walla Walla Veterans Home!

Opportunities for volunteering are diverse ranging from friendly visits with a Veteran, to assisting staff in coordinating special-interest groups, to using personal talents to provide “in-home” entertainment. Time spent participating in activities like walking the grounds together, sharing a meal, assisting with letter-writing or computer projects, or playing table games offers social connection and encouragement that is key to maintaining a positive and meaningful quality of life for our Veterans. There are numerous other practical ways to serve our Veterans as well such as raising funds for WWVH resident project, supporting the care staff with kind words, helping with meal cleanup, and more.



VISITORS

Residents at the Walla Walla veterans Home (WWVH) love to have visitors. Between sitting with them during dinner, taking walks together around the campus, or playing a game of checkers in the den, there are countless ways visitors can help support the feelings of connection and gratitude that are promoted in our homes. Whether you personally know someone who lives in the WWVH or simply want to share time with some of our honored Veterans, be assured that both you and they will be richly rewarded during the visit.

PETS



Sharing the love of our furry friends is just one of many ways volunteers can brighten the days of Veterans at the WWVH. If you have a people-friendly pet that you 'd like to bring in for a visit, feel free to contact us to discuss the details!

Consider some unique ways that you or your group could help WWVH residents and let us know...We'd love to hear your creative ideas!

General visiting hours at WWVH are 9:00am to 4:30pm every day of the week. Please remember to check -in at the front entrance of the house you're visiting when you arrive, and check-out before leaving.

For more information about volunteering please call us at 509-394-6809



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Thank you for your interest in becoming a volunteer at the Walla Walla Veterans Home! It is because of caring people like you that we are able to honor Veterans and enhance their daily lives in extra-special ways through meaningful interactions and social connections.

WWVH Volunteer Application Process

1. Complete the application form as thoroughly as possible, including ANY type of related experiences. The last page lists some optional volunteering assignments, but these are not meant to limit the options. If you have a specific interest, you would like to share feel free to write it in the "other" section. We'd love to hear your creative ideas!
2. Return the completed application to the front desk at WWVH, or mail to
Walla Walla Veterans Home
92 Wainwright Drive
Walla Walla, WA 99362
3. Once we've reviewed your application, you will receive a phone call inviting you to attend one-on-one interview with Volunteer Coordinator. During this time, you'll get a tour of the campus (if you haven't already done so) and will have the opportunity to share more details about your skills and the ways you would like to help the WWVH.
4. Volunteer Orientation occurs once a month. If invited to attend that orientation, you will be given the time and date after the one-on-one interview meeting. Orientation is designed to provide education on how the recreation and volunteer programs work at WWVH, to discuss expectations and fire safety training, and to complete volunteer agreement paperwork.
5. After Volunteer Orientation had been completed, your first day will be scheduled with the Volunteer and Recreation Coordinators. On this day, job duties will be explained as needed, and introductions will be made to the staff and Veterans you will be interacting with!

Thank you again for applying to be a volunteer at the Walla Walla Veterans Home. We look forward to getting to know you.



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Volunteer Application

| Applicant Contact Information | |
|-------------------------------|--|
| Name | |
| Mailing/Street Address | |
| City | |
| Home phone/Mobil/Work | |
| Email Address | |
| How'd you hear about us? | |

Availability

During which hours are you available for volunteer assignments?

- Weekday Morning
- Weekday Afternoon
- Weekend Evenings
- Weekend Mornings
- Weekday Afternoons
- Weekend Evening
- Other time

Interests

Tell us in which areas you are interested in volunteering: (See attached Volunteer Opportunities List)

Special skills, Training or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities.

Precious Experience

Summarize your previous work/volunteer experience with seniors, people with disabilities or Veterans.



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| Organization volunteered/worked for in the last ten years we may contact | |
|--|--|
| Name & Organization | |
| Title & Phone Number | |
| Email Address | |

| | |
|----------------------|--|
| Name & Organization | |
| Title & Phone Number | |
| Email Address | |

| References that we may contact | |
|--------------------------------|--|
| Name & Relationship | |
| Phone Number | |
| Email Address | |

| | |
|---------------------|--|
| Name & Relationship | |
| Phone Number | |
| Email Address | |

Has the US Department of Human Services, Office of the Inspector General, ever excluded you as a Medicaid/Medicare provider? This means that you have been or currently sanctioned and are not eligible to receive payments by Medicaid/Medicare for services provided by you as a provider in a health care related service paid for by these programs. Yes No

| Agreement and Signature |
|-------------------------|
|-------------------------|

Please return this form to WWVH Recreation Director/Volunteer Coordinator, after you have completed and signed. After references have been received an Interview will be held. Volunteering may begin once, a background check is done, the initial orientation has been completed and a level of commitment is determined. By submitting this application, I affirm that the facts set forth in it are true and complete, I understand that if I am accepted as a volunteer, any false statement, omissions, or other misrepresentations made by me on this application may result on my immediate dismissal. I also agree and understand my volunteer status is dependent on successfully passing a criminal background check. Thank you for completing this application form and for your interest in volunteering with us.

| | |
|----------------|--|
| Name (Printed) | |
| Signature | |
| Date | |

| OFFICE USE ONLY |
|-----------------|
|-----------------|

Date Application Received: _____ References Contacted: _____
 Date Interview Scheduled for: _____ Criminal Background Check: _____



WALLA WALLA VETERANS HOME SKILLED NURSING & LONG-TERM CARE



Please check any areas of Interest that you would be willing to volunteer your time for. It is Important that our volunteers are involved in opportunities that relate to their own interests and enjoy doing. 😊

- Greeting and welcoming new Veterans/Family Members
- Media/Magazine Distribution
- Pet/Animal visits
- Visiting 1:1 with Veterans
- Helping a resident write about their military experiences serving our country
- Facilitate nature integration (i.e., supply and help maintain birdfeeders)
- Reading to Veterans
- Organizing storage closets or supplies
- Writing cards or letters with Veterans
- Helping Veterans to write down Life Stories
- Teaching/helping Veterans in the computer
- Musical Talents – Specify

Artistic Talent/Crafts – Specify

-
- Walking with Veterans
 - Writing volunteer newsletter articles
 - Creating theme baskets
 - Assisting with hands-on projects (i.e., shopping, lunch, etc.)
 - Spending time specifically with individuals who have cognitive impairments
 - Assisting with special events
 - Playing cards and other table games with Veterans – Specify

-
- Assisting with religious services/devotional time
 - Leading of facilitating a gardening group
 - Other:
-
-

How To – Background Check Online Submission (Including Renewals)

This guide is to serve as a resource to those seeking to apply for a background check in the Washington State Department of Veterans Affairs. New employees, existing employees, interns, students, volunteers, contractors, and work-studies working at the homes, as well as certain Central Office and King County staff will complete a background check.

Individuals requesting a background check will work with their respective Human Resources Consultant on the specifics of when the background should be submitted.

The following applies to the new background check process:

- Current employees who are in their renewal window for their background check will reapply and submit their background check using the online process outlined in this document.
- Background check submissions must be submitted at least seven (7) days prior to the expected start date if possible. The list will allow the HR Consultants to retrieve background check results from the BCCU system and track the applicants appropriately.
- When completing the online background check authorization form, the individual **must** enter the **DVAHRbackgroundchecks@dva.wa.gov** as one of the emails the confirmation code to be sent to.
- An online background check authorization form (BAF) can be accessed and completed from their own computer, tablet or smart phone at <https://fortress.wa.gov/dshs/bcs/>

NOTE: For individuals completing the online Background Authorization Form, the computer must have Google Chrome installed as the default web browser. If the individual is a current employee completing a renewal, the WDVA computer or workstation will have Google Chrome installed on the desktop. You will locate the Google Chrome icon on the desktop, double click and this will launch the Google Chrome web browser.

Below is a step-by-step guide on how to complete the Background Authorization online:

1. Go to <https://fortress.wa.gov/dshs/bcs/>. You will arrive at the below landing page:

How To – Background Check Online Submission (Including Renewals)

Background Check Authorization Form

[Expand All](#)

Instructions

Welcome to the DSHS Background Check Central Unit (BCCU) Background Check Authorization Form!

Please use this form to enter your personal information to initiate a background check for employment, licensing and contracting purposes. The Background Check Authorization Form is easy to use and can expedite background check processing.

What you need to know:

- You are entering your personal information onto a secure site maintained and monitored by DSHS.
- You cannot save an incomplete form and return at a later time. Please allow yourself at least 15 minutes to complete the Background Check Authorization Form. After 30 minutes of inactivity, your session will timeout and all information will be lost. You will have to start over if the system times out.
- If you have criminal history, you should refer to your charging or court papers to assist you in answering questions that require crime dates and official crime names when applicable.
- Help features are included throughout the form providing instructions and/or examples.
- Once your Background Check Authorization Form is successfully saved, you will:
 - Receive a confirmation number;
 - Have the ability to print and/or save the document containing your information;
 - Have an opportunity to quickly email your name and confirmation number to the person or entity requesting the background check.
- Your complete Background Check Authorization Form will be saved and kept confidential for 90 days from the date you provided your personal information. On the 91st day, your information will be deleted and no longer available for an entity to retrieve and submit.
- To find out the status of your background check result, please contact the person or entity you submitted your information to.
- Please contact BCCU if you need assistance completing the Background Check Authorization Form:
 - Email: bccuinquiry@dshs.wa.gov
 - Phone: 360-902-0290

[Start Filling in the Form](#)

Click the button to begin the online authorization

2. Once the 'Start filling in the form' button is clicked, the next box will automatically expand.

Name and Date of Birth Information

Print your name as it is listed on your driver's license or other photo ID.

First Required

Middle

Last Required

Date of Birth (MM/DD/YYYY) Required

Have you used any other first, middle, or last names? Required
Include nicknames, maiden names, and any other names you have used.

Yes No


[Next](#)


Completed all required fields and then click the 'Next' button move automatically expand the next section.


3. Complete the 'Additional Applicant Information' section.

How To – Background Check Online Submission (Including Renewals)

Additional Applicant Information

Phone Number  *Required*
(999) 999-9999 or (999) 999-9999 x9999

Email Address 

Social Security Number (SSN) 

Do you have a valid driver's license? *Required*
 Yes No

Next


Completed all required fields and then click the 'Next' button move automatically expand the next section.

4. Complete the 'Address Information' section.

Address Information

Have you lived in any state or country other than Washington State within the last three years (36 months)? *Required*
 Yes No

Review
BCCU may send background check results and/or confidential information to the mailing address provided.

Mailing address (where we can send you confidential information) 

Address Line 1 *Required*

Address Line 2

City *Required*

State *Required*
WA

Zip Code *Required*
99999 or 99999-9999

Is the street address where you live now the same as the mailing address you listed above? *Required*
 Yes No

Next

Completed all required fields and then click the 'Next' button move automatically expand the next section.

How To – Background Check Online Submission (Including Renewals)

5. Complete the 'Self-Disclosure – Conviction Information' section.

Self-Disclosure - Conviction Information ⓘ

Have you ever been convicted of any crime? (11a) *Required*

Yes No

Next

Completed all required fields and then click the 'Next' button move automatically expand the next section.

Note: Clicking on the '?' icon seen here: [Self-Disclosure - Conviction Information ⓘ](#) will open a new window that contains helpful information regarding self-disclosure.

6. Complete the 'Self-Disclosure – Pending Charge Information' section.

Self-Disclosure - Pending Charge Information ⓘ

Do you have charges (pending) against you for any crime? *Required*
(11b)

Yes No

Next

Completed all required fields and then click the 'Next' button move automatically expand the next section.

Note: Clicking on the '?' icon seen here: [Self-Disclosure - Pending Charge Information ⓘ](#) will open a new window that contains helpful information regarding self-disclosure.

7. Complete the 'Self-Disclosure Questions' section.

Self-Disclosure Questions ⓘ

Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? (12) ⓘ *Required*

Yes No

Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? (13) ⓘ *Required*

Yes No

Has a court ever entered any of the following against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile or child? (14) *Required*

- Permanent vulnerable adult protection order / restraining order, either active or expired, under RCW 74.34.
- Sexual assault protection order under RCW 7.90.
- Permanent civil anti-harassment protection order, either active or expired, under RCW 10.14.

Yes No

Review Your Information

Completed all required fields and then click the button:

Review Your Information

Note: Clicking on the '?' icon seen here: [Self-Disclosure Questions ⓘ](#) will open a new window that contains helpful information regarding self-disclosure.

How To – Background Check Online Submission (Including Renewals)

8. When the 'Review Your Information' button is clicked, it will open a new page to review all the information entered. At the bottom of the page, complete the attestation:

By clicking this box, the user agrees to the below notices.

Note: The form cannot be electronically signed without this box being checked.

Once complete, click the 'Proceed to Electronic Signature' button.

I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles or children. I understand and agree my electronic signature below means: Required

- I give DSHS permission to check my background with any governmental entity and law enforcement agency.
- My background check result may include prior self-disclosure information and fingerprint results that are contained in the DSHS Background Check System and that this information will be reported as allowed by federal or state law.
- If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result.
- DSHS will give my background check result to the persons or entities requesting my background check and those persons or entities may release my background check results to other persons or entities when the law authorizes or requires them to do so. Fingerprint rap sheets are provided if allowed by federal or state law.

[Proceed to Electronic Signature](#)

9. A new page will populate and the below 'Electronic Signature' field will appear.

Background Check Authorization Form

Electronic Signature

By selecting the "I Agree" checkbox, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Form.

Click to agree and enter your name in the box provided to complete your signature.

I Agree Required

Your Name Required

[Save](#)

[Go Back](#)

Type the name in the box and click the 'I Agree' box, then click 'Save'. Once the applicant clicks the 'Save' button, a new page will populate allowing them to complete the process.

How To – Background Check Online Submission (Including Renewals)

10. Complete the Email fields.

Note: **DVAHRbackgroundchecks@dva.wa.gov** must be one of the emails listed. WDVA cannot receive results or notifications if this email is not included.

Background Check Authorization Form

First Name: [Redacted] Last Name: [Redacted]
 Your Email Address: [Redacted]

By clicking the "Next" button, you are authorizing us to conduct a background check on you. This includes checking your criminal record, sex offender registry, and information from public records. We will also check your driving record and license status. We will also check your credit history and report to us. If you have a criminal record, we will also check your employment history. We will also check your social media accounts.

Email Address: [Redacted]
 Email Address: [Redacted]
 Email Address: [Redacted]

Add Another Email Address: [Redacted]

Next Step: [Redacted]

Click the "Next" button to proceed with your application. If you have any questions, please contact us at [Redacted].

[Redacted]

Thank you for completing this form.

NOTE: All applicants must provide their Social Security Number (SSN) and Date of Birth (DOB) to us. We will use this information to verify your identity and to conduct a background check on you. We will also check your driving record and license status. We will also check your credit history and report to us. If you have a criminal record, we will also check your employment history. We will also check your social media accounts.

The system generates a confirmation code and presents the applicant with the ability to email their confirmation code to three email addresses. The applicant's personal information is never sent via email using this feature.

Applicant's also have the option to generate a PDF of their information. They can then save or print this document.

11. After completion, email the applicant's Date of Birth and confirmation number to WDVA Human Resources

Todd Heird @ Todd Heird@DVA.WA.GOV