**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](https://www.dcyf.wa.gov/sites/default/files/pdf/Admin-13.04.pdf)

[ ]  Reviewed [LICWAC Policy Chapter 23](https://www.dcyf.wa.gov/indian-child-welfare-policies-and-procedures/10-local-indian-child-welfare-advisory-committees)

[ ]  Reviewed related WAC’s ([WAC 110-110](https://app.leg.wa.gov/WAC/default.aspx?cite=110-110))

[ ]  Reviewed DCYF administrative Policy [Ethics and Employee Conduct](https://www.dcyf.wa.gov/sites/default/files/pdf/DCYF_Ethics_and_Employee_Conduct_Policy.pdf)

**SECTION 2: Completed by Volunteer**

**I have:**

**[ ]** Completed Volunteer Application [DCYF-15-186](http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/forms?field_form_number_value=15-186&title=)

[ ]  Completed and signed off on Local Indian Child Welfare Advisory Committee Confidentiality Agreement [DCYF 09-126](http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/forms?field_form_number_value=09-126&title=)

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