



Volunteer Application

Personal Information

Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Date of Birth _____ Email Address _____
 Current Employer _____
 May we call you at work? Yes or No Work Phone _____ Work Hours _____
 Spouse's Name _____ Spouse's Employer _____

Education/Training

Circle Highest Grade Completed: High School 9 10 11 12 GED College 1 2 3 4 Graduate 1 2 3 4
 College/School of Training _____
 Major or Course _____ Degree _____

Emergency Contact

Name _____ Relationship _____
 Address _____
 Day Phone _____ Evening Phone _____ Cell Phone _____

Authorization for Criminal Background Check

I authorize for Home of the Innocents to run a criminal background check through the Administrative Office of the Courts:

Signature: _____ Date: _____

Have you ever received a traffic violation? _____ If so, please provide an explanation: _____

Have you ever been charged with a misdemeanor or criminal offense? _____ If so, please provide an explanation: _____

Have you ever been convicted of a misdemeanor or criminal offense? _____ If so, please provide an explanation: _____

(A charge or conviction does not necessarily eliminate a placement. The nature of the offense and the amount of time since the offense will be considered in the approval process. Give all facts so an appropriate decision can be made. Use additional sheets if necessary.)

Previous/Current Volunteer Experience (attach an additional sheet if necessary)

Organization _____
 Dates Served _____ Contact _____

Organization _____
 Dates Served _____ Contact _____

Pledge of Confidentiality

I hereby pledge that I shall safeguard and treat as CONFIDENTIAL all information (whether acquired through verbal communication, written record, or observation) pertaining to any resident patient, relative or friend of any resident or patient, staff member, or volunteer of Home of the Innocents, which I may through my affiliation with the Home, so acquire.

I HAVE READ AND UNDERSTAND THE FOREGOING PLEDGE OF CONFIDENTIALITY

Signature _____ Date _____

Name _____

Personal References

Provide three personal references (excluding relatives) that you have known for at least one year and can attest to your character, skills and dependability. Please provide complete information on each person; not doing so can significantly delay the processing of your application.

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Special Skills/Hobbies/Interest

- | | | |
|--|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Field Trips | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Aerobics/Dance | <input type="checkbox"/> Finance/Budget | <input type="checkbox"/> Physical Fitness |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Poetry/Writing |
| <input type="checkbox"/> Attorney/Legal | <input type="checkbox"/> Gardening/Landscaping | <input type="checkbox"/> Public Speaking/Speaker's Bureau |
| <input type="checkbox"/> Board Games/Puzzles | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Board/Committee Member | <input type="checkbox"/> Hair Stylist | <input type="checkbox"/> Resume Writing |
| <input type="checkbox"/> Book Club/Discussion | <input type="checkbox"/> Health Professional | <input type="checkbox"/> Scrapbooking |
| <input type="checkbox"/> Child Advocate | <input type="checkbox"/> Holidays (decorating, gift wrapping, etc.) | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Hospital Visitor | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Interviewing Tips | <input type="checkbox"/> Sports (Teach/Play sport with residents) |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Jewelry Making | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Light maintenance | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Dress for Success | <input type="checkbox"/> Make-up/Hair, etc. | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Environmental Services/Cleaning | <input type="checkbox"/> Music | |
| | <input type="checkbox"/> Parenting Skills | |

Are you interested in applying the above hobbies, skills, special interests or professional skills in your volunteer role? Yes or No
If yes, please indicate your preference:

DPP-156
(R. 12/05)
922KAR1:470

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES
DIVISION OF PROTECTION AND PERMANENCY

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATIONS REQUIRE A CHILD ABUSE/NEGLECT (CAN) CENTRAL REGISTRY CHECK AS A CONDITION OF EMPLOYMENT. PLEASE CHECK THE CATEGORY FOR WHICH THE CAN CENTRAL REGISTRY CHECK IS BEING REQUESTED:

- Day Care Employee or Volunteer (CAN Check pursuant to 922 KAR 2:090)
- Applicant for Day Care Center Licensure (CAN Check pursuant to 922 KAR 2:090)
- Child-Placing Agency Employee (CAN Check pursuant to 922 KAR 1:310)
- Child-Caring Facility Employee (CAN Check pursuant to 922 KAR 1:300)
- IMPACT-PLUS Subcontractor (CAN Check pursuant to 907 KAR 3:030)

OTHER (If none of the above categories is applicable, please explain the reason for requesting a CAN central registry check, including the statutory or regulatory authority for the request):

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CAN CENTRAL REGISTRY CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(First) (Middle) (Maiden) (Last)

Sex: ___ Race: ___ Date of Birth: _____ Social Security #: _____

Date of Initial Hire: _____

Present Address: _____

Previous Address: _____

A check or money order made payable to the "Kentucky State Treasurer" in the amount of ten dollars (\$10.00) must accompany your request to process a CAN Central Registry Check. The CAN Check will **NOT** be processed without payment. Mail check or money order to:

The Cabinet for Health and Family Services
Department for Community Based Services
Records Management Section
275 East Main St., Section 3E-G
Frankfort, Kentucky, 40621

Home of the Innocents covers the \$10 fee requested above.



I hereby authorize the Cabinet for Health and Family Services to complete a CAN central registry check and provide the results of the check to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

Signature of the Individual Submitting to the CAN Central Registry Check

Date

Witness

Date

The individual authorizing a CAN check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet to disclose additional information regarding a substantiated finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

NAME OF EMPLOYER/AGENCY: Home of the Innocents

ATTN: Julie Spry - Volunteer Services

ADDRESS: 1100 East Market Street

CITY: Louisville

STATE: Kentucky

ZIP: 40206

PHONE: (502) 596-1031

RESULTS OF CAN CENTRAL REGISTRY CHECK

[FOR OFFICIAL USE ONLY]

- No substantiated incident of child abuse or neglect found on the registry at the time of this check.
 Substantiated child abuse found on the registry Date of substantiated finding: _____
 Substantiated child neglect found on the registry Date of substantiated finding: _____

CHECK CONDUCTED ON _____ **BY** _____