Home of the Innocents' Junior Volunteer Program

Thank you for your interest in volunteering with Home of the Innocents. Please review the following information prior to submitting an application. Individuals between the ages of 13 and 17 are eligible to apply and are permitted to volunteer in the following areas:

**Kosair Charities Pediatric Convalescent Center (KCPCC)**
The KCPCC is a skilled nursing facility, providing short-term, long-term, and respite care for children from birth to age 21. We care for children who face significant medical, developmental, and physical disabilities, many of whom require ventilator support. Each child receives individualized care from our team of experienced physicians, nurses, and therapists. Along with round-the-clock primary care, therapy programs, and attending school on or off-site, residents enjoy a variety of fun activities such as community outings, swimming, creating art projects, and music therapy. Junior Volunteers play a vital role helping during many of these fun activities.

**Volunteer Shifts:** A monthly activities calendar is provided at training consisting of day, evening and weekend opportunities.

**Facilities and Events**
Junior volunteers lend a hand to team members who manage important behind the scenes efforts. Examples of these efforts are cleaning and sanitizing toys, replacing batteries in toys, sorting and organizing donations, and helping at fundraising events.

**Volunteer Shifts:** Efforts can be scheduled Monday through Friday between the hours of 9:00am - 5:00pm.

**Collection Drives**
Junior volunteers who wish to support the Home however have schedules prohibiting them to come on site, choose to do a collection drive. To learn how you can host a drive, please visit our website or contact April Sage at asage@homeoftheinnocents.org.

**Process to become a junior volunteer:**
- Complete and submit the attached junior volunteer application.
- Notification will be sent via email once the completed application is received by Volunteer Services.
- Personal references listed on the volunteer application will be contacted (relatives may not be used.)
- Notification of application process being approved and completed sent via email.
- Applicants will be required to attend volunteer training & receive TB test.

Home of the Innocents team members are available to assist junior volunteers at all times. If volunteering in the KCPCC, team members accompany junior volunteers on all field trips and outings.

Volunteers have the opportunity at training to discuss specific assignments, scheduling, etc.

If you have questions, please contact 502-596-1031 or volunteerservices@homeoftheinnocents.org.

Again, thank you for your interest in becoming a junior volunteer for Home of the Innocents!
Junior Volunteer Application

Name ____________________________

Street Address ____________________________________________________________

City ____________________________ State ___________ Zip __________

Home Phone __________________________ Cell Phone ____________________________

Date of Birth __________________________ Email Address __________________________

School __________________________ Grade __________________________

Hobbies, Skills, Special Interests

If you are interested in applying your hobbies, skills or special interests in your volunteer role at the Home, please indicate the specific hobby, skill and/or special interest:

Please indicate your preference regarding the length/purpose of your volunteer service:

☐ Long Term (1 year or longer) — on an ongoing basis, 1 to 2 times per month

☐ Seasonal/Short Term (example: during school months only, summer only, fall/spring breaks, etc.)

☐ Community service requirement (Beta Club, Honor Society, Confirmation, Scouts, etc.); Hours required: ____

Parent/Guardian Information

Name ____________________________ Relationship ____________________________

Home Phone __________________________ Cell Phone ____________________________

Work Phone __________________________

Personal References

Please provide names and complete information of two adults (excluding relatives) whom you have known for at least one year and can attest to your character, skills, and dependability.

Name ____________________________ Relationship ____________________________

Street Address ____________________________________________________________

City ____________________________ State ___________ Zip __________

Phone Number __________________________ Email Address __________________________

Name ____________________________ Relationship ____________________________

Street Address ____________________________________________________________

City ____________________________ State ___________ Zip __________

Phone Number __________________________ Email Address __________________________

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 of Applicant __________________________ Date __________________________

Return this application to:

Home of the Innocents
Volunteer Services
1100 E. Market Street
Louisville, KY 40206

volunteerservices@homeoftheinnocents.org (email) or (502) 596-1410 (fax)
Tuberculin Skin Test Consent Form

This signed consent form must accompany your volunteer application. If you have had a TB test administered during the past 90 days, please send a copy of the results along with the application.

I, _____________________________, as the parent/legal guardian of _____________________________, a junior volunteer applicant for Home of the Innocents, give permission for my child to be given a Tuberculin (TB) Skin Test. TB tests are mandatory for all Home of the Innocents volunteers upon training and annually thereafter. After the test is administered, I understand that my child will need to return to the Home within 48 to 72 hours to have the test read. I am also aware that all results will remain confidential.

Parent/Guardian Signature _____________________________ Date ________________

Junior Volunteer Signature _____________________________ Date ________________