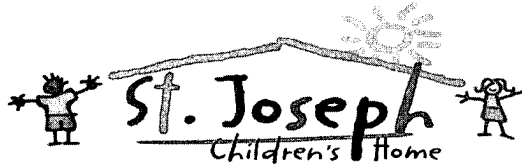


We are unable to accept volunteers needing court-appointed community service.

Submit completed applications via mail/email/fax:



Volunteer Coordinator: Kate Biagi
2823 Frankfort Avenue • Louisville, KY 40206
kateb@sjkids.org • 502.893.0242 x279
fax: 502.212.1290

VOLUNTEER APPLICATION

Name: _____ Maiden Name and/or Nickname: _____

Address: _____
Street City, State Zip

Home Phone: _____ Other Phone: _____

Social Security Number: _____ Date of Birth: _____

E-mail Address: _____

Car Make: _____ Model: _____ License Plate Number: _____

Education (Highest Grade Level Completed): _____

Current Employer: _____

Title/Job Duties: _____

Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Have you ever been convicted of a misdemeanor or criminal offense? **YES** or **NO**

*(If yes, please explain. A conviction does not necessarily eliminate potential volunteers. The nature of the offense and the amount of time since the offense will be considered in the approval process. **We are unable to accept volunteers needing court-ordered community service.**)*

How did you learn about St. Joseph Children's Home and our volunteer opportunities?

Why do you want to volunteer at St. Joseph Children's Home?

Previous/Current Volunteer Experience

Organization: _____

Dates of Service: _____ Contact: _____

Organization: _____

Dates of Service: _____ Contact: _____

References (Please include 1 family member):

I authorize these references to provide personal reference information to SJCH. _____Initials

Name: _____ Relationship: _____

Address: _____
Street City, State Zip

Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____
Street City, State Zip

Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____
Street City, State Zip

Phone: _____ Email: _____

Availability/Interests/Skills

Please indicate times you are available to volunteer:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

Please indicate your areas of interest for volunteering:

___ Residential Program ___ Foster Care Program ___ Child Development Center, age preference: ___

___ Thrift Store ___ Sewing/Quilting Room ___ Maintenance/repair ___ Gardening/Landscaping

___ Administrative/Mailings ___ Special Events/Picnic (annually, second weekend in August)

Please indicate special skills, hobbies, or interests below:

I verify that all of the information given by me in this application, related papers, and verbal contact is true. As a condition of volunteering, I hereby grant permission to SJCH to conduct a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse, and criminal history records. I understand and agree that SJCH is not obligated to appoint me to a volunteer position and if appointed, my position is conditional and may be terminated at any time for any reason without explanation.

Signature

Date



Please submit a copy of a valid government-issued photo i.d. with your application.



COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Protection and Permanency

Must complete
if over 18!

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATIONS REQUIRE A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT. KENTUCKY ADMINISTRATIVE REGULATIONS MAY BE FOUND ON THE INTERNET AT <http://www.lrc.ky.gov/kar/titles.htm>. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

Day Care Related Categories

- Day Care Center Employee or Volunteer (Required by 922 KAR 2:090)
- Applicant for Day Care Center Licensure (Required by 922 KAR 2:090)
- Registered Child Care Provider Applicant (Required by 922 KAR 2:180)

Other Categories

- Foster/Adoption/Independent Living Agency Employee (Required by 922 KAR 1:310)
- Residential Child-Caring Facility Employee (Volunteer) (Required by 922 KAR 1:300)
(Institution/Group Home/Emergency/Wilderness)
- IMPACT-PLUS Subcontractor (Required by 907 KAR 3:030)
- Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)

Other (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT 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/nickname) (last)

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

Date of Initial Hire: _____

Present Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

City State Zip Code

City State Zip Code

City State Zip Code

City State Zip Code

City State Zip Code

City State Zip Code

City State Zip Code

City State Zip Code

City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.



CENTRAL REGISTRY CHECK



A check or money order made payable to "St. Joseph Children's Home" in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will **NOT** be processed without payment.

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect 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.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check Date

Witness Date

The individual authorizing a Child Abuse or Neglect 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: St. Joseph Children's Home

ADDRESS: 2823 Frankfort Ave **CITY:** Louisville

STATE: KY **ZIP:** 40206 **PHONE:** 502-893-0241

RESULTS OF CHILD ABUSE OR NEGLECT CHECK **[FOR OFFICIAL USE ONLY]**

- No reportable incident found in accordance with 922 KAR 1:470.
- 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** _____

St. Joseph Children's Home Tuberculosis Risk Assessment

As part of our communicable disease screening procedures, all staff is assessed for Tuberculosis. Please read the following questions and answer accordingly. Your help is greatly appreciated.

Volunteer Name: _____

	Yes	No
1. Do you have a productive and/or prolonged cough?	___	___
2. Do you have blood in your sputum?	___	___
3. Do you have night sweats?	___	___
4. Have you had a weight loss of 10 pounds or more in the last 3 months <i>unintentionally</i> ?	___	___
5. Have you had an unexplainable loss of appetite?	___	___
6. Do you feel chronically fatigued?	___	___
7. Do you have a fever?	___	___
8. Do you have chills?	___	___
9. Have you had a positive skin test for tuberculosis in the past 12 months?	___	___
10. Are you being treated with corticosteroids or immunosuppressants?	___	___
11. Have you been exposed to any communicable disease in the past 3 weeks?	___	___
12. Have you been in close contact with a person known or suspected to have TB?	___	___
13. Have you lived in a country for 3 months or more where TB is common, within the past 5 years?	___	___
14. Are you an employee or healthcare worker within a facility who serves clients at high risk for TB?	___	___

Please complete the following information:

Prior Mantoux Tuberculin Skin Test (TST)? ___ No ___ Yes ___ Unknown ___

Date: ___/___/___ Induration: ___ mm

Prior TB treatment? ___ No ___ Yes Provide details below: _____

Volunteer's signature: _____ Date: ___/___/___

Screener's signature and title: _____ Date: ___/___/___



Parental Consent Form

Kate Biagi, C.S.W.
Volunteer Coordinator
kateb@sjkids.org
(502) 893-0242 x279

In order for your child to be considered for volunteering with St. Joseph Children's Home (SJCH), we need your consent and involvement in helping him/her have a productive experience. Please read and sign this parental consent form if you give SJCH permission to further continue the process of considering your child to volunteer at SJCH. Please feel free to contact me if you have any questions. Thanks for supporting your child's volunteer experience!

This Parental Consent Form must be filled out for all volunteers under age 18.

My name is _____ and I certify the following:

1. I am the legal guardian of _____ and I give my consent for him/her to volunteer services to St. Joseph Children's Home.

Description of anticipated volunteer work: _____

Anticipated hours/week and schedule for volunteer work: _____

Expected duration of volunteer work: _____

2. I understand that volunteers at SJCH are not considered employees and are not entitled to any pay, compensation or employee benefits of any kind.
3. I take full responsibility for any and all actions of my child listed above during his/her volunteer service to SJCH.
4. I release and agree to indemnify and hold harmless SJCH from any and all liabilities related to or arising from my child's service as a volunteer, even if arising from SJCH's negligence, to the fullest extent permitted by law.

Signature: _____ Date: _____

Phone & Email: _____