



Personal Information

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (xxx) xxx-xxxx _____ Cell Phone _____

Date of Birth _____ E-mail Address _____

Education/Training

Circle Highest Grade Completed: High School 9 10 11 12 College 1 2 3 4 Graduate 1 2 3 4

College/School of Training _____

Degree _____

Emergency Contact

Name _____ Relationship _____

Address _____

Day Phone _____ Evening Phone _____ Cell Phone _____

General Information

Car Make _____ Model _____

Year _____ License Plate Number _____

Have you ever been charged with a misdemeanor or criminal offense? Yes or No (If yes, please explain)

Have ever been convicted with 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. Give all the 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 Serves _____ Contact _____

Organization _____

Dates Serves _____ Contact _____

References:

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

E-mail _____

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

E-mail _____

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

E-mail _____

Skills/Interests/Availability

(Please indicate times you are available to volunteer on any given day)

Sunday: _____

Thursday: _____

Monday: _____

Friday: _____

Tuesday: _____

Saturday: _____

Wednesday: _____

Please indicate if you have a particular preference where you volunteer:

- | | |
|---|---|
| <input type="checkbox"/> Residential Program | <input type="checkbox"/> Bargain Barn |
| <input type="checkbox"/> Foster Care Program | <input type="checkbox"/> Quilting Room |
| <input type="checkbox"/> Child Development Center | <input type="checkbox"/> Physical Plant Project |
| | <input type="checkbox"/> Picnic |

Please indicate special skills, hobbies or interests below:

- | | | |
|--|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Drawing | <input type="checkbox"/> Reading/Tutoring |
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Gardening | <input type="checkbox"/> Scrapbooking |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Hair Stylist | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Board Games/Puzzles | <input type="checkbox"/> Quilting | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Music | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Photography | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Crochet | <input type="checkbox"/> Physical Fitness | |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Poetry/Writing | |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Baseball | |
| <input type="checkbox"/> volleyball | <input type="checkbox"/> Football | |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Other | |

Confidentiality:

St. Joseph's Children's Home is literally home for children who need a safe and caring place to live. Not only do these children deserve privacy, we are ethically and legally bound to make sure that visitors to our campus understand how important it is to maintain confidentiality. As a volunteer/visitor of St. Joseph's Children Home, I hereby pledge that I shall safeguard and trust as CONFIDENTIAL all information (whether acquired through verbal communication, written record, or observation) regarding any information obtained about clients, their families, and staff.

1. Please be mindful of areas that are designated for visitors and which areas are restricted.
2. Please do not use the last name of our children in any print or electronic transmission
3. Please do not interview, photograph, or video tape any children unless you have express written consent given by the proper authority, whether that authority is a St. Joseph's Children Home or Cabinet for Health and Family Services staff.

If you have any questions about our confidentiality guidelines, please feel free to speak with any staff member. Thank you for your interest in St. Joseph's Children Home and we hope this has increased your understanding of our mission and the children we serve.

Signature of Volunteer/Visitor

Date

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) 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 (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

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 the "Kentucky State Treasurer" 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. 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., 3E-G
Frankfort, Kentucky 40621**

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: Kentucky **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** _____

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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
pretrialrecords@kycourts.net
KRS 17.160



Youth Leader Request

MAIL REQUESTS TO:
ADMINISTRATIVE OFFICE OF THE COURTS
PRETRIAL SERVICES, RECORDS DIVISION
100 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
502- 573-1682 or 800-928-6381

The process to obtain the information contained in the CourtNet Disposition System is as follows:

You must include two envelopes. Your return envelope must be addressed with adequate postage, and the other only needs the address of the person being checked or provide e-mail addresses in place of envelopes.

FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact Pretrial Services at (502) 573-1682 or (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUALS INFORMATION CLEARLY.

SOCIAL SECURITY NUMBER: _____

NAME: _____

DATE OF BIRTH: _____

MAIDEN OR ALIAS NAMES: _____

STREET ADDRESS/ P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

E-MAIL ADDRESS: _____

I understand that failure to accurately provide the information requested may result in my prosecution under K.R.S. 523.100. I have provided the basic information necessary to qualify for record processing.

Requestor/Contact Person

Date

Agency

Phone Number

Address

E-mail Address

City, State, Zip

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: ___/___/___

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