



*Giving Children a Home*

## Volunteer Application Checklist

Thank you for your interest in volunteering at St. Joseph Children's Home! The application and orientation process is just that—a process. We appreciate your commitment and compliance. St. Joe's relies heavily on the generosity of our volunteers who give us their time and skills to help us provide the best possible care for the children entrusted to us. We wouldn't be able to do all that we do without the help of amazing volunteers like you! *Please use this checklist to help you monitor where you are in the volunteer application and orientation process:*

1. \_\_\_\_\_ Complete and submit **application** ([www.sjkids.org/volunteers](http://www.sjkids.org/volunteers)) or request a paper application at 502-893-0241 or e-mail [christinam@sjkids.org](mailto:christinam@sjkids.org)
  - The application packet includes Volunteer Information & Rules, Volunteer Application, Parental Consent Form, Central Registry Check, Agreement/Authorization/and Consent For Release of Background Information (only completed if you live/lived out-of-state within the past 7 years), and Youth Leader Request.
2. \_\_\_\_\_ Copy of **picture I.D.** (or bring I.D. to the Volunteer Orientation to be copied)
3. \_\_\_\_\_ Copy of **negative TB results** from within the past 12 months
4. \_\_\_\_\_ **Background Check Fees** – Cash or check made payable to St. Joseph Children's Home
  - \$30 for those who have lived in Kentucky the past 7 years
  - \$50 for those who live/lived out-of-state in the past 7 years - *We are mandated to submit background checks in every state a volunteer has lived in the past 7 years.*
5. \_\_\_\_\_ All volunteers age 55+ are required to enroll in the **Retired & Senior Volunteer Program**
  - Contact [christinam@sjkids.org](mailto:christinam@sjkids.org) or call (502)-893-0241 for the application.
6. \_\_\_\_\_ Attend the next available **Volunteer Orientation**
  - Offered once per month at 6pm.
  - Available dates are listed at [sjkids.org/volunteers](http://sjkids.org/volunteers) or contact Christina Miller.

**Your service is invaluable and greatly appreciated!**

Sincerely,

Christina Miller, M.S.

Volunteer Coordinator and Community Outreach

[christinam@sjkids.org](mailto:christinam@sjkids.org)

Office: 502.893.0241, Ext. 279

Fax: 502.896.2394





For more information contact:  
Volunteer Coordinator & Community Advocate:  
Christina Miller M.S.  
christinam@sjkids.org\* 502-893-0241 x279

## Volunteer Information & Rules

Thank you for your interest in volunteering at St. Joseph Children's Home! Without our volunteers, we wouldn't be able to do all the things that get done for our kids, our campus, and our overall mission of "Giving Children a Home." We very much appreciate your commitment to volunteering and making a difference!

*Thank you for making all the volunteers in your group aware of our volunteer policies prior to the anticipated volunteer service:*

- All volunteers must complete the Volunteer Application (attached).
- As of July 1<sup>st</sup>, 2015, **SJCH is a tobacco-free campus.** All tobacco products, including cigarettes, smokeless tobacco, cigars, and e-cigarettes are prohibited. Employees, volunteers, and visitors who wish to use Tobacco products may do so off campus.
- Please give as much notice as possible when needing to modify or cancel your volunteer commitment, including number of volunteers expected.
- Please dress appropriately for the volunteer task you will be doing. (Nothing too short, tight, etc. Be aware that some tasks may require getting dirty!).
- Please minimize personal belongings and keep all items on your person!
- Please be slow, cautious, and mindful while driving on SJCH property and comply with posted speed limits of 10mph. Unless otherwise stated, volunteers may park wherever they can find a space.
- Anyone who has a concern regarding the services provided to the children or wishes to discuss general concerns are encouraged to contact the Volunteer Coordinator.
- To maintain confidentiality, please do not discuss identifying characteristics about any of the children or staff.
- Feedback about your volunteer experience is always encouraged!
- **Photos/videos may not be taken without prior permission from the Volunteer Coordinator.**

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



**Submit completed applications via mail/email/fax:**

Volunteer Coordinator & Community Advocate:  
Christina Miller, M.S.  
2823 Frankfort Avenue • Louisville, KY 40206  
christinam@sjkids.org • 502.893.0241 x279

**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Maiden Name and/or Nickname: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Zip

Cell Phone: \_\_\_\_\_ Other Phone & Type: \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**\*REQUIRED BY STATE REGULATIONS TO BE A VOLUNTEER AT ST. JOES, REGARDLESS OF AGE**

E-mail Address: \_\_\_\_\_

Education (Highest Grade Level Completed): \_\_\_\_\_

Current School/Employer: \_\_\_\_\_

Title/Job Duties: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other 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?

**References:** I authorize these references to provide personal reference information to SJCH. \_\_\_\_\_  
Initials

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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: \_\_\_

\_\_\_ Sewing/Quilting Room \_\_\_ Maintenance/repair \_\_\_ Gardening/Landscaping

\_\_\_ Administrative/Mailings \_\_\_ Special Events/Picnic (annually, 2nd 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 background checks 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.\*\*\***



## Parental Consent Form

**This Parental Consent Form must be completed for all volunteers under age 18.**

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!

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.
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.
5. I hereby grant permission to SJCH to conduct background checks on my child, which may include a review of database records including but not limited to sex offender registries, child abuse, and criminal history records.
6. I understand and agree that SJCH is not obligated to appoint my child to a volunteer position and if appointed, the position is conditional and may be terminated at any time for any reason without explanation.
7. I understand that SJCH may notify a school/agency if a volunteer on their behalf is terminated.

School child attends: \_\_\_\_\_

Description of anticipated volunteer work: \_\_\_\_\_

Anticipated hours/week and schedule for volunteer work: \_\_\_\_\_

Expected duration of volunteer work: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone & Email: \_\_\_\_\_

**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**

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 Attn: Volunteer Coordinator

**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** \_\_\_\_\_

# AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, \_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), **St. Joseph Children's Home** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **St. Joseph Children's Home**. **St. Joseph Children's Home** uses **Abso**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

**Abso** will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **St. Joseph Children's Home**, and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **St. Joseph Children's Home** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **St. Joseph Children's Home**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 101 Creekside Ridge Ct., 2nd Floor, Roseville, CA 95678. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.**

Signed \_\_\_\_\_ Today's Date \_\_\_\_\_

Name as it appears on your driver's license \_\_\_\_\_ Position Applied For \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

Mo./Yr. / Mo./Yr

Current Address: \_\_\_\_\_  
 Street Apt.# City State Zip Code From / To?

Former Address: \_\_\_\_\_  
 Street Apt.# City State Zip Code From / To?

Former Address: \_\_\_\_\_  
 Street Apt.# City State Zip Code From / To?

Former Address: \_\_\_\_\_  
 Street Apt.# City State Zip Code From / To?



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Commonwealth of Kentucky  
Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)  
[records@kycourts.net](mailto:records@kycourts.net)  
KRS 17.160



YOUTH LEADER REQUEST

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

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

Individuals serving as Youth Leaders

**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 the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUAL'S INFORMATION CLEARLY.

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DLN: \_\_\_\_\_

NAME: \_\_\_\_\_

MAIDEN NAME(S) AND/OR ALIAS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS / P.O. BOX: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

*I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing.*  
\* ALL INFORMATION BELOW IS REQUIRED.

CHRISTINA MILLER

Requestor/Contact Person

St. Joseph Children's Home

Agency

Date

(502) 893-0241

Phone Number

2823 FRANKFORT AVENUE

Address

christinam@sjkids.org

E-mail Address

Louisville KY 40206

City, State, Zip