

VOLUNTEER APPLICATION



Please complete this application in its entirety.

Date of Application	Date of Availability
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Personal Information

Last Name	First Name	Middle Name	Social Security Number
Address (Street or P.O. Box, City, State, Zip)		Home Phone (Best Time To Reach You)	
E-mail Address		Alternate Phone (Please Indicate Type)	
<input type="checkbox"/> Work _____		<input type="checkbox"/> Cell _____ <input type="checkbox"/> Other _____	

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Number: _____ State: _____
Do you have a car available to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Auto Make: _____	Model: _____ Year: _____
Auto License Plate Number: _____	
Auto Insurance Company: _____	Policy Number: _____

Volunteer Requirements

Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF OFFERED A VOLUNTEER OPPORTUNITY, you may be required to take a post-offer drug test. A positive test constitutes grounds for denial of volunteer placement. Do you consent to take a post offer drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No
Youthville is a smoke free/drug free workplace. Will you comply with our non-smoking policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are applying for a volunteer placement that requires transportation of clients, we must check your motor vehicle record for insurance purposes. *If you have three (3) or more moving violations in the last 3 years and/or a DUI/DWI on your record, you will not be allowed to transport clients or drive an agency vehicle.
Do you meet our driving requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's licenses #: _____ State: _____

Volunteer Placement Desired

<input type="checkbox"/> Mentor	<input type="checkbox"/> Driver	<input type="checkbox"/> Kids Interaction Zone	<input type="checkbox"/> Office Support
<input type="checkbox"/> Tutor	<input type="checkbox"/> Resource Room	<input type="checkbox"/> Resource Room	<input type="checkbox"/> 3 rd Party
<input type="checkbox"/> Volunteer - Group	<input type="checkbox"/> Other: _____		

Special Skills and Interests

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Preferred Schedule and Availability

--

References (Minimum of three *professional* references required)

Name & Title/Occupation	Professional Relationship	Years Known	Address, City, & State	Phone & E-mail Address
				Day / Evening # E-mail:
				Day / Evening # E-mail:
				Day / Evening # E-mail:
				Day / Evening # E-mail:
				Day / Evening # E-mail:

HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> Youthville Employee * Name of Referrer _____ <input type="checkbox"/> Walk In <input type="checkbox"/> Advertisement <input type="checkbox"/> School <input type="checkbox"/> Career Fair	<input type="checkbox"/> Government Agency <input type="checkbox"/> Private Agency <input type="checkbox"/> Relative <input type="checkbox"/> Internet <input type="checkbox"/> Other
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PHOTO RELEASE

Yes, I give Youthville Inc. permission to photograph me for publication or other uses.

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: (____) _____

List any allergies, special needs, physical limitations, or health conditions that would be helpful to know.

Kansas Law Requirements

Kansas Law requires Youthville to make certain determinations about all volunteers past involvement with the legal system.

Checks the specific offense(s) of which you were convicted, next to the offense indicate the date, state in which it occurred, also include county and jurisdiction of the conviction. Attach additional pages if needed for your response.

- | | | |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Abandonment of a child | <input type="checkbox"/> Contributing to a child's misconduct | <input type="checkbox"/> Mistreatment of a confined person |
| <input type="checkbox"/> Abuse of a child | <input type="checkbox"/> Criminal restraint | <input type="checkbox"/> Mistreatment of a dependent adult |
| <input type="checkbox"/> Aggravated abandonment of a child | <input type="checkbox"/> Criminal sodomy | <input type="checkbox"/> Murder |
| <input type="checkbox"/> Aggravated assault | <input type="checkbox"/> Criminal threat | <input type="checkbox"/> Murder in the first degree |
| <input type="checkbox"/> Aggravated assault or battery of a law enforcement officer | <input type="checkbox"/> Disclosure of income tax return | <input type="checkbox"/> Murder in the second degree |
| <input type="checkbox"/> Aggravated battery | <input type="checkbox"/> Domestic battery | <input type="checkbox"/> Non-support of a child or spouse |
| <input type="checkbox"/> Aggravated criminal sodomy | <input type="checkbox"/> Endangering a child | <input type="checkbox"/> Permitting a dangerous animal to be at large |
| <input type="checkbox"/> Aggravated criminal threat | <input type="checkbox"/> Exposing another to a life threatening communicable disease | <input type="checkbox"/> Promoting obscenity |
| <input type="checkbox"/> Aggravated incest | <input type="checkbox"/> Furnishing alcohol/liquor to a minor | <input type="checkbox"/> Promoting obscenity to minors |
| <input type="checkbox"/> Aggravated indecent liberties with a child | <input type="checkbox"/> Incest | <input type="checkbox"/> Promoting or permitting hazing |
| <input type="checkbox"/> Aggravated interference with parental custody | <input type="checkbox"/> Indecent liberties with a child | <input type="checkbox"/> Promoting prostitution |
| <input type="checkbox"/> Aggravated juvenile delinquency | <input type="checkbox"/> Indecent solicitation of a child | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Aggravated kidnapping | <input type="checkbox"/> Information of others for commercial purposes | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Aggravated robbery | <input type="checkbox"/> Injury to a pregnant woman | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Injury to a pregnant woman by vehicle | <input type="checkbox"/> Sexual battery |
| <input type="checkbox"/> Assault of a law enforcement officer | <input type="checkbox"/> Interference with custody of a committed person | <input type="checkbox"/> Sexual exploitation of a child |
| <input type="checkbox"/> Assisting suicide | <input type="checkbox"/> Interference with parental custody | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Involuntary manslaughter | <input type="checkbox"/> Unlawful administration of a substance |
| <input type="checkbox"/> Battery against a law enforcement officer | <input type="checkbox"/> Involuntary manslaughter while driving under the influence of alcohol or drugs | <input type="checkbox"/> Unlawful interference with a fire fighter |
| <input type="checkbox"/> Battery against a school employee | <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Unlawful interference with an emergency medical services attendant |
| <input type="checkbox"/> Bigamy | <input type="checkbox"/> Lewd and lascivious behavior | <input type="checkbox"/> Unlawful sexual relations |
| <input type="checkbox"/> Blackmail | <input type="checkbox"/> Manslaughter | <input type="checkbox"/> Vehicular homicide |
| <input type="checkbox"/> Capital murder | | <input type="checkbox"/> Voluntary manslaughter |

1. Have you ever been convicted of ANY of the above offenses? Yes No

2. Do you have any charges pending *related* to ANY of the offenses listed above? Yes No

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3. Have you ever committed an act of physical, mental or emotional abuse or neglect, or sexual abuse as validated by the Department of Social and Rehabilitation Services, and a) have failed to successfully complete a corrective action plan which had been deemed appropriate and approved by the Department of Social and Rehabilitation Services, or b) the record has not been expunged pursuant to rules and regulations adopted by the Secretary of Social and Rehabilitation Services?

Yes No

4. Have you had a child declared in a court order in this or any other state to be deprived or a child in need of care based on an allegation of physical, mental or emotional abuse or neglect, or sexual abuse? Yes No

5. Have you had your parental rights terminated pursuant to Kansas law, or the law of another state? Yes No

6. Have you ever been adjudicated a juvenile offender because of an act which if done as an adult would constitute the commission of a felony, and which is listed above? Yes No

7. Have you ever been convicted of a felony against person? Yes No

8. Have you ever been convicted of a felony violation of the Uniform Controlled Substances Act including but not limited to possession or sale of any opiates, opium, narcotic drugs, prohibited stimulants or depressants, or hallucinogenic drugs?

Yes No

9. Have you ever signed a diversion agreement pursuant to K.S.A.22-2906 or 38-1635, involving a charge of child abuse or a sexual offense? Yes No

Confidentiality Policy

Recognizing that a child welfare agency deals with extremely sensitive matters, I will consider as CONFIDENTIAL all information with which I come in contact directly or indirectly concerning the clients in care or their families.

I will scrupulously protect the confidential nature of all conversations, records, reports, and meetings where material relative to client and client families is processed or written. Business affairs including isolated and /or detailed operating statistics and financial data are considered confidential. I will not release any confidential material or information unless I have been given approval. I will not give any verbal or written references for current or former clients without prior approval.

Signature of Application: _____ Date: _____

Volunteer's Statement

In making this application for volunteer placement, it is understood that an investigation report may be made whereby information is obtained through the Kansas Bureau of Investigation (KBI) and SRS Child Abuse Registry. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of information gained during this investigation.

I understand that a background check will be completed to verify my motor vehicle report and references.

I certify that the statements made on this application are true, complete, and correct, and that I have not knowingly withheld or falsified any information on this application, I understand that any misrepresentation or concealment of material fact will be sufficient ground for rejection of application or removal from volunteer placement.

I understand that nothing contained in this volunteer application or in the granting of an interview is intended to create an employment contract between Youthville, or myself for either employment or for the providing of any benefit. I understand and agree that, unless otherwise defined by applicable law, any relationship that I enter into with Youthville, shall be 'at will' in nature, which means that I may decide to not volunteer at any time and Youthville may release me at any time with or without cause.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian (if under 18 yrs): _____ Date: _____



Youthville

Certification of Drug-Free Work Place

This certifies that I, _____, understand the policy of Youthville regarding controlled substances, and that I agree to comply with any and all provisions of the Drug Free Work Place Act of 1988, which includes:

- A: abstinence from unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in the work place;
- B: notification of any criminal drug statute conviction for a violation occurring in the work place no later than five (5) days after such violation.

I further certify that I will abstain from the use of tobacco products in any form while on Youthville premises or in Youthville vehicles.

Volunteer Name (please print)

Volunteer Signature

Date



Youthville

VOLUNTEER CONFIDENTIALITY PLEDGE AND HIPAA NOTICE OF PRIVACY PRACTICES

Recognizing that child welfare agencies deal with extremely sensitive matters, I will consider as **CONFIDENTIAL** all information with which I come in contact directly or indirectly concerning the clients and families served by Youthville.

I will scrupulously protect the confidential nature of all conversations, records, reports, and meetings where material relative to client and client families is processed or written. I understand and agree that no private or confidential data collected, maintained, or used may be disclosed or disseminated to anyone, except as authorized by law.

Additionally, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) prohibits the sharing of Protected Health Information (PHI) in any form unless certain procedures are followed. PHI is Individually Identifiable Health Information (IIHI), oral or written (paper or electronic), which relates to past, present, or future health (physical or mental) conditions, health care, or payments. IIHI is any information that connects health data to a specific person, including, name, birth date, social security number, health insurance ID number, and Medicare insurance ID number. It is a responsibility of volunteers to protect and safeguard PHI. HIPAA requires that client information be shared on a “need-to-know” basis only with other Youthville employees, volunteers or service providers involved in the client’s care and treatment. Information shared or obtained must be what is “minimally necessary” to provide the care and services to clients. The wrongful release of confidential information may subject a volunteer, care provider, and sponsoring agency to fines, legal or other disciplinary action.

Signature below indicates an understanding and acceptance of the above conditions:

Volunteer Name (please print)

Volunteer Signature

Date

Referred by: _____

Requested by: _____

Date:

____/____/____

Time:

____:____ am/pm

Kansas Department of
Social and Rehabilitation
Services
Protection Report Center
Central Registry
915 SW Harrison 5th Fl S.
Topeka, Kansas 66612

CANIS CHECK FORM

For Volunteer and Other Resources

Child Abuse and Neglect Central Registry

Search Request and Release of Information

Release of Information:

I, _____, give permission for the release of any information concerning myself or a minor child listed in the Child Abuse and Neglect Central Registry to: *Youthville, 4505 E. 47th St. South, Wichita, KS, 67210, phone 316.529.9100.* I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency.

Signature _____ Date _____

Please provide the following information:

Full Name: _____
First Name Middle Name Last Name (Jr., Sr., III)

Maiden Name: (Female applicant only) _____

Married Names, Nicknames, or Other Names Used: _____
(Use N/A if no other names used.)

Date of Birth: _____ Race: _____

Social Security #: _____ Gender: _____ Male _____ Female

Current Address: _____

Current Phone: _____

YOUTHVILLE OFFICE USE ONLY:

Results processed by: (initials and date) _____

Not Listed on CANIS Registry

Record Found (If found submit this form w/ a \$10.00 processing fee to the Protection Report Center Central Registry listed above)

Other: _____

Date entered in Resource Application: _____

Date Results Delivered to CMT: _____

Return this form to:

Youthville, Attn: Antoine Morrison, Volunteer Manager

4505 E. 47th St. South

Wichita, KS 67210

Fax: 316.529.9351

For questions, call 800.593.1950.

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