



75 Orphanage Road, Ft. Mitchell, KY 41017

Direct Service Volunteer Application

**Once you have completed the attached paperwork,
please call or email me to set up an interview.**

(859) 331-2040 ext 8214

sarsala@dchcenter.org

Included in your packet is:

- Application
- Background Check (you must be able to 'pass' the criminal background check (CBC). Those items, felonies or misdemeanors, which could eliminate you from consideration, whether charged or adjudicated include but are not limited to: DUI, Assault, Crimes against or including Children, Drug Offenses. Based on the results of your CBC, the decision to disqualify you is solely that of the Home and the Covington Diocese and ALL decisions are final).
- KY Child Abuse and Neglect Registry: please supply a copy of your valid Driver's License (If you appear on the KY Registry you WILL NOT be considered for a volunteer position) *(This State form says to supply a check for \$20.00, but the agency picks up this cost and you DO NOT have to write a check.)*
- 3 Reference forms *(Only 1 of those can be a relative. Reference forms can be mailed or returned hand delivered at the interview.)*
- Volunteer Agreement and Release of Liability
- Volunteer Information/Health Card

***If you are applying for the Big Brother/Big Sister/Surrogate Family you must be 20 years of age and provide a copy of your VALID driver's license and proof of automobile insurance and return with you paperwork and/or at the time of your interview.**

**** YOU WILL BE REQUIRED TO COMPLETE VIRTUS TRAINING prior to starting you volunteer experience for those applicants 18 years of age or older.**

***** Please look at both sides of each sheet as some require signatures on the reverse side**

Thank you for your interest in wanting to help our children!

**Sahar Arsala
Volunteer Coordinator**



Direct Service Volunteer Application

Please print clearly

Date _____

Applicant's Full Given Name: _____
First Middle Last Maiden

Address: _____

Contact Number: _____ Email: _____

Place of Employment/School Attended: _____

Please Check One: Adult _____ Teen _____

Any illnesses or conditions that DCCH needs to be aware of:

Personal Physician and Telephone #: _____

Person to Contact in case of emergency:

#1 _____

#2 _____

Please Circle the volunteer opportunities you are interested in:

Big Brother/Sister Apartment /Tutor Other: _____

Please indicate when you would prefer to volunteer: Flexible _____

Weekdays _____ Weekends _____ Evenings _____
Days/ Times Days/ Times Days/ Times

By counsel we are required to ask:

Do you have a police record? YES _____ NO _____

If YES, describe briefly: _____

All information recorded above is confidential. If you are seeking to work directly with our children, a criminal background check and Child Abuse and Neglect Registry Check are REQUIRED by the State of Kentucky and the Council on Accreditation. By signing below you are giving your permission for Diocesan Catholic Children's Home to check with your references as well as to conduct the required background checks. Also by signing below you understand that based on the results of either check, you may be eliminated from consideration as a candidate and that this decision is solely that of Diocesan Catholic Children's Home and the Diocese of Covington. Your signature gives the Home your permission to call your physician and or emergency contacts. Thank you for completing your health information.

Signature: _____

Date: _____



BACKGROUND CHECK RELEASE FORM-EMPLOYMENT

Complete the Requested items carefully, completely and accurately, for faster processing. Incomplete, erroneous or omitted information may constitute falsification and/or make YOU ineligible for employment.

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| LAST NAME | FIRST | MIDDLE NAME | SOC.SEC# |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

PRESENT ADDRESS _____ CITY,ST,ZIP _____ County _____ Yrs _____

PRIOR ADDRESS _____ CITY,ST,ZIP _____ County _____ Yrs _____

OTHER PRIOR County(ies): _____ ST _____ ST _____ FULL D.O.B.: ____/____/____/ CITY,ST _____

NOTE: Year of birth used for identification only

DRIVER LICENSE # STATE: OTHER NAMES USED _____

COLLEGE _____ City/St _____ Years Completed _____ Degree? _____

HIGH SCHOOL _____ City/St _____ Last grade completed _____ Graduate? _____

Degrees/Licenses _____ From where? _____ Year earned: _____

| LIST ALL CONVICTIONS INCLUDING TRAFFIC (Indicate "M" for misdemeanor or "F" for felony.) | | | | | |
|--|-------------------|------------|-----------------------|--------|---------|
| YR. | NATURE OF OFFENSE | RESOLUTION | WHERE(CITY/ST COUNTY) | M or F | OTHERS: |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

NOTE: USE REVERSE SIDE IF MORE ROOM NEEDED.

| Prior Employers: NAME | City/St | Phone # | Supv'r | from | to |
|-----------------------|-----------------|--------------------|--------|----------------|----------------|
| 1. _____ | _____ | () _____ | _____ | ____/____/____ | ____/____/____ |
| Your Position: _____ | Earnings: _____ | Reason left: _____ | | | |
| 2. _____ | _____ | () _____ | _____ | ____/____/____ | ____/____/____ |
| Your Position: _____ | Earnings: _____ | Reason left: _____ | | | |

I hereby authorize the release to Background Bureau, Inc., (BBI) an independent pre-employment screening agency, of any information held by any parties regarding my prior employment, criminal, credit, driving, workers comp. and educational history as well as information regarding my general character and reputation. I release any providers of such information from any liability for providing same. I understand the information may be reviewed initially and periodically by BBI and reported to my prospective/actual employer. I agree falsification may make me ineligible for employment or subject to immediate dismissal, if hired. I further acknowledge that BBI is relying on third party information and I therefore release BBI, my prospective employer, and their respective owners, officers, agents and employees from any and all liability arising out of errors or omissions. If not hired, I understand I do have certain rights under FCRA laws.

Signed _____ Dated _____

COVER SHEET (EMPLOYER USE ONLY) Fax: (859) 781-5888 Email: bbi@one.net call: (800) 854-3990 or (859) 781-3400
Client: **DCCH Center** From: **Sahar Arsala** Phone: **859.331.2040 X8214** Email: **sarsala@dcchcenter.org**

| | | | |
|--|---|---|---|
| <input type="checkbox"/> NEW HIRE Identcheck, State check, Child Abuse Registry, KY Pretrial Services <input type="checkbox"/> Add'l. State as applicable | <input type="checkbox"/> VOLUNTEER Repeat for maiden name | <input type="checkbox"/> FOSTER CARE Identcheck, State check, Child Abuse Registry, Credit, KY Pretrial Services <input type="checkbox"/> Add'l. State as applicable | <input type="checkbox"/> Repeat for maiden name |
|--|---|---|---|

NOTE: This form is the property of Background Bureau, Inc. 2019 Alexandria Pike Highland Heights, Ky 41076

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/**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

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
DCBS/Division of Child Care
275 East Main St., 3C-F
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: DCCH Center for Children and Families

ADDRESS: 75 Orphanage Road CITY: Ft. Mitchell

STATE: Kentucky ZIP: 41017 PHONE: 859-331-2040 ext 8733

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 _____



Volunteer Reference Form

Volunteer Applicant: _____

The above-mentioned applicant has applied to this agency to act as a volunteer for one of our children. This may include such things as outings and overnight home visits. You have been given as a character reference. We would appreciate your help in evaluating this person's potential as a volunteer. All statements will be held **STRICTLY** confidential. In order to aid us in evaluating this candidate, would you please fill out the questionnaire and return it to us at the address above. **THANK YOU** in advance for your cooperation.

Your Name: _____

Your Contact Information: Phone # _____ **Email** _____

1) How long have you known the applicant? _____

2) What is your relationship with the applicant? _____

3) How would you describe them? _____

4) How do they usually handle problems or emotional situations? _____

5) What makes him or her a good role model? _____

6) Can you think of anything else that might be helpful in evaluating this candidate? _____

Signature: _____

Date: _____



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Signature: _____

Date: _____



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16) How do they usually handle problems or emotional situations? _____

17) What makes him or her a good role model? _____

18) Can you think of anything else that might be helpful in evaluating this candidate? _____

Signature: _____

Date: _____



Volunteer Agreement and Release of Liability

2014 Edition

of the
DIOCESE OF COVINGTON
Creating a Safe Environment/Addressing Sexual Misconduct

Acceptance Form

I have reviewed the Diocese of Covington’s Policies and Procedures for Addressing Sexual Misconduct. I understand and agree to abide by such Policies and Procedures. I understand that I have access to a copy at www.covingtondiocese.org in the “Safe Environment” graphic in the “Information” box and that these policies and procedures are updated periodically.

Name (please print) _____
(Full First) (Full Middle) (Full Last)

Maiden Name _____ Role in Diocese _____

My position is ___ volunteer ___paid Position _____

Parish/School/Institution/Agency _____

City _____

I have filled out the Application Form, signed it and left it with the **primary** parish, school or institution where I wish to volunteer or be employed. (This is usually your parish.)

I will register at www.virtus.org and sign up for a VIRTUS training session. I understand that I will be expected to read bulletins online after my training session is finished and my paperwork is processed.

NOTE: If you have already signed up for or attended a live training session, please list the place and date:

Signature _____

Date _____

| | |
|--|-----------------------|
| For Coordinator Use: Date background check results recorded: Acceptance Form sent: Submitted by: Rvsd. 2/2014 | For Curia Use: |
|--|-----------------------|