

Community Services of Northern Kentucky
Volunteer Application

PERSONAL INFORMATION:

Name: _____ Date: _____

Address: _____
Street City/State/Zip

Phone: _____
Home Work Cell

Birth day: _____ Email: _____

Emergency Contact: _____ Relation: _____

Phone: _____
Home Work Cell

Primary Physician: _____ Phone: _____

EDUCATION:

Current grade in school: _____ Name of school/institution: _____

High School Graduate: Year: _____ College Graduate: Year: _____

College: _____ Degree: _____

Volunteer Availability and Schedule — Circle day and provide times of availability

Monday	Tuesday	Wednesday	Thursday	Friday
Time:	Time:	Time:	Time:	Time:

Saturday	Sunday •
Time:	Time:

Do you have reliable transportation? Yes No

VOLUNTEER/WORK EXPERIENCE/SPECIAL SKILLS:

How did you hear about the volunteer program at Community Services of Northern Kentucky? (circle)

Advertisement	Friend	Another Volunteer	Website
Volunteer Center	I am a Former Patient. Other	_____	_____

Please indicate your preference for volunteering: (descriptions below)

_____	Adult Day Health Assistant	_____	Clerical Assistant
_____	Entertainment in Adult Day	_____	Special Events

Adult Day Health Assistant: (Daytime) 8 am — 4:00 pm

Assist staff and clients with recreational and social activities, assists with arrivals/departures throughout the day. Assists with nightly cleanup of areas.

Clerical Assistant: (Daytime) 9 am — 5 pm

Typing, filing, answering phones, copying and other miscellaneous clerical jobs.

Entertainment in Adult Day: (Monday, Thursday & Friday Afternoon) 12 pm — 3:30pm

Provide musical entertainment, reading, games, crafts, etc.

Special Events: (Daytime/Evening and/or Saturday/Sunday) as events are scheduled

Assist as needed for special events, i.e. golf outing.

Administrative Use Only

Supervisor: _____ Department: _____

Volunteer Assignment: _____ Hours: _____

Start Date: _____ BG Check: _____ Health Screening: _____

CABINET FOR HEALTH AND FAMILY SERVICES

OFFICE OF INSPECTOR GENERAL

Kentucky Applicant Registry and Employment Screening (KARES) Program
275 East Main Street, 5EA (502) 564-2159 (Phone)
Frankfort, Kentucky 40621 (502) 564-6546 (Fax)

Web site: <http://chfs.ky.gov/os/oig/KARES>

Helpdesk email: KARES.Helpdesk@ky.gov

CONSENT AND RELEASE FORM

STATE AND NATIONAL BACKGROUND CHECK

A SIGNED COPY OF THIS FORM

MUST BE KEPT IN THE HUMAN RESOURCES FILE OF THE EMPLOYER

PURSUANT TO 906 KAR 1:190 SECTIONS 4 AND 6 CLEARANCE FOR EMPLOYMENT WITH A LONG-TERM CARE FACILITY OR EMPLOYER PARTICIPATING IN THE KARES PROGRAM CANNOT BE ISSUED WITHOUT THE COMPLETION OF THIS FORM.

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A STATE AND NATIONAL BACKGROUND CHECK, PLEASE TYPE OR PRINT CLEARLY:

Applicant's Last Name:		Applicants First and Middle Names:	
Maiden Name:	Social Security Number:	Date of Birth:	Male or Female:
Current Mailing Address Line One:		Current Mailing Address Line Two:	
City:	State:	Zip Code:	

Prior to employment with a long-term care facility or employer participating in the KARES Program, a prospective employee shall consent to a State and National background check, which shall consist of a: (1) check of required abuse registries; (2) check of licensing board data, if applicable, to validate licensure status; and (3) fingerprint-supported State and FBI criminal background check.

1. If cleared upon a check of required abuse registries and licensing board data, a prospective employee shall submit to a fingerprint-supported criminal history check and may be offered provisional employment upon submitting to the fingerprint scan.
2. Fingerprint images of the prospective employee will be used to determine if the individual has any criminal history information on file with the Federal Bureau of Investigation (FBI) and Kentucky's Criminal History Repository(s).
3. All information provided to the KARES Program, Office of Inspector General (OIG), Cabinet for Health and Family Services, shall be kept confidential and will comply with applicable laws and regulations.
4. The OIG will submit a request to the appropriate court system for any missing criminal charge disposition related to a disqualifying offense. If a response is not provided to the OIG's request for final disposition within 60 days of fingerprint submission, the applicant shall not be eligible to hire.

Further, the applicant will be responsible for securing his or her final disposition information if the OIG's attempts to secure the information are not successful.

I hereby consent to a State and National background check pursuant to KRS 17.185 and 42 U.S.C. 1320a-7I. I understand that the Kentucky State Police (KSP) will provide the OIG with any record I may have for a felony, misdemeanor, or violation conviction found in the files of the Kentucky Central Repository. I understand and know that KSP will forward my fingerprint submission to the FBI to conduct a National criminal history check, and that the results of the check will be provided to the OIG.

I authorize the KSP and FBI to release criminal history information to KARES staff in the OIG to determine the eligibility of my employment with a long-term care facility or other employer participating in KARES pursuant to 906 KAR 1:190.

I understand I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the KSP and its employees from any claim for damages arising from the dissemination of inaccurate information. I also release the OIG and its employees from any liability or damages resulting from its determination of my eligibility for employment with a long-term care facility or employer participating in the KARES program.

I authorize the OIG to recheck the required abuse registries; licensing board data, if applicable, to validate licensure status; and fingerprint-supported or name-based State and FBI criminal background check pursuant to 906 KAR 1:190 annually.

My signature acknowledges that I have read, understand and accept the terms and conditions outlined in this form.

Agency or Facility Name: Community Services of Northern Kentucky	Address of Agency or Facility: 31 Spiral Drive Florence, Ky 41042	
Applicant's Signature:	Date:	
Witness Signature:	Title:	Date:

Applicant Self-Disclosure Form

(Please Type or Print Clearly)

The Applicant must complete this form before an application can be processed in the Kentucky Applicant Registry and Employment Screening (KARES) Program

The Applicant Self-Disclosure Form and the Kentucky Applicant Registry and Employment Screening Program web portal collects information as required by the National Background Check Program to help employers as define by 906 KAR 1:190 section 1 to make employment decisions. Complete and return the entire form and attach explanations as specified by the requesting employer.

You may view the current Background Check Regulation at <http://www.lrc.ky.gov/kar/906/001/190.htm>

This information will be used to obtain relevant data as required by the provisions set forth by the National Background Check Program. Providing your social security number is necessary to prevent incorrect matches in the criminal background check and certain registry checks. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The US Department of Health Services' Caregiver Misconduct Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

Name of Facility or Employer:			
Community Services of Northern Kentucky			
Address of Employer:			
31 Spiral Drive, Florence, Ky 41042			
Applicant's Last Name:		Applicants First and Middle Names:	
Maiden Name:	Social Security Number:	Date of Birth:	Gender:
Government Issued ID (Include No. & Type):		State or Agency of Issue:	
Race:	Eye Color:	Hair Color:	Height (feet & inches):
Weight (lbs):	U.S. Citizen (Yes/No):	Place of Birth:	
Phone Number:	Phone Number Type:	Email Address:	
Current Physical Address Line One:		Current Physical Address Line Two:	
City:	State:	Zip Code:	County:
Current Mailing Address (if different):		City:	State:
Zip Code:	County:	Alt Phone Number:	Alt Phone Number Type:

List all residences you have lived at during the past seven years; include the timeframe in year from and year to format: (Use additional sheets if needed)

Complete Address	Year From	Year To

List all cities and states where you have worked during the past seven years; include the timeframe in year from and year to format: (Use additional sheets if needed)

City	State	Year From	Year To

List any aliases and other names you have ever used; including any other dates of birth and social security numbers: (Use additional sheets if needed)

First Name	Middle Name	Last Name	Date of Birth	Social Security Number

Have you ever been convicted of a crime? Yes No

→ If you answered "YES" to the question above, please provide an explanation in this box for each conviction. Please provide the following: (1) offense(s) for which you were convicted; (2) the date of the conviction(s); (3) the state or territory where the conviction(s) occurred; (4) the court; and (5) any action(s) taken by the court against you, including any sentence, or probation imposed. (Use additional sheets if needed)

Do you have any charges (pending) against you for a crime? Yes No

→ If you answered "YES" to the question above, please provide an explanation in this box for each charge. Please provide the following: (1) offense(s) for which you were charged; (2) the date of the conviction(s); (3) the state or territory where the conviction(s) occurred; (4) the court; and (5) any action(s) taken by the court against you, including any sentence, or probation imposed. (Use additional sheets if needed)

Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? Yes No

→ If you answered "YES" to the question above, please provide an explanation in this box, including when and where it happened.

<p>Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>→ If you answered "YES" to the question above, please provide an explanation in this box, including when and where it happened.</p>
<p>Has any government agency (other than the police) ever found that you abused an elderly person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>→ If you answered "YES" to the question above, please provide an explanation in this box, including when and where it happened.</p>
<p>Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>→ If yes, explain, including credential name, laminations or restrictions and time period.</p>

Answering "NO" to all questions does not guarantee employment.

SIGNATURE, CERTIFICATION AND RELEASE OF INFORMATION

YOU MUST SIGN THIS FORM. Please read the following acknowledgements carefully before you sign.

I understand that information requested regarding gender, race, height, eye color, hair color, weight, place of birth, citizenship and date of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information, and that it will not be used to discriminate against me in violation of the law.

I understand that a false statement on any part of this form is grounds for either not hiring me, or firing me after I begin work. I consent to the release of information regarding a criminal history on me by the Kentucky State Police, Federal Bureau of Investigation (FBI), and any of its authorized agents. I certify that, to the best of my knowledge and belief, all of my statements are true, correct and complete.

Applicant's Signature:	Signature of Parent or Guardian if Under Age 18:	
Signature of Authorized Personnel at Hiring Facility:	Title: Executive Director	Today's Date:

