Community Services of Northern Kentucky Volunteer Application

PERSONAL INFORMATION:

Name:				Date	e:
					<u></u>
Address: Street				City/State/Zip	
Phone:					
Home		Work		Cell	
Birthday:		Ema	uil:		
Emergency Contact	•	·		Relation:	
Home		Work	•	Cell	-
Primary Physician:	rimary Physician:			·	
EDUCATION:					
Current grade in sch	nool:	Name of sc	:hool/institu	ıtion:	
High School Gradua	ate: Year:	College	Graduate: `	Year:	
College:			Degree:	:	
	ility and Schedule -				
Monday	Tuesday			Thursday	Friday
Time:	Time:	Time:		Time:	Time:
Saturday	Sunday •				
Time:	Time:				
Do you have reliable	e transportation?		Yes	No	
VOLUNTEER/W	ORK EXPERIENC	CE/SDECLA	I CKILL	ç.	
VOLUNTEER W	ORK EXI ERIEN	CE/SI ECIA	IL SKILL	<u>5.</u>	
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How did you hear: Kentucky? (circle)	about the volunteer	program a	t Commun	ity Services of N	<u>ortnern</u>
Advertisement Volunteer Center	Friend I am a Former Pa	ationt Othon		Volunteer	Website
volunteer Center	1 am a former Pa	atient. Other			
Please indicate you	<u>ır preference for v</u>	olunteering	: (descript	tions below)	
	dult Day Health Ass			Clerical As	
Er	itertainment in Adul	t Day		Special Ev	ents

Adult Day Health Assistant:	(Daytime) 8 am — 4:00 pm		
Assist staff and clients with rec	creational and social activities,	, assists with a	arrivals/departures

throughout the day. Assists with nightly cleanup of areas.

<u>Clerical Assistant:</u> (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.

<u>Special Events:</u> (Daytime/Evening and/or Saturday/Sunday) as events are scheduled Assist as needed for special events, i.e. golf outing.

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	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 Num	ber:	ber: Date of Birth: Male		
Current Mailing Address Line One:		Currer	Current Mailing Address Line Two:		
City:	State:	J.	Zip Coo	le:	

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.

- 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:	Florence, Ry 41042	Date:	
Witness Signature:	Title:	Date:	

Kentucky National Background Check Documentation KARES WEB PORTAL

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 Facili	ity or E	mployer:	iñ, re	lst.	a proces	3.5	filter of Vision in the s
Community Services of	of Northern	Kentucky	1,5 18,				
Address of Employer:							
31 Spiral Drive, Floren	ice, Ky 410	42					
Applicant's Last Name:				Applicants First and Middle Names:			
Maiden Name	:	Social Security Nun	nbei	r:	Date of Birt	th:	Gender:
Government Issued ID (Include No. & Type)			e):	State	or Agency of	Issue:	S (1 step orack mass annua)
Race: Eye Color:			Hair C	olor:	Hei	ght (feet & inches):	
Weight (lbs): U.S. Citizen (Yes/No):		:	Place of Birth:				
Phone Number: Phone Number Type		e:	Email Address:				
Current Physical Address Line One:		C	Current Physical Address Line Two:			ine Two:	
City: State:		Z	Zip Code:		County:		
Current Mailing Address (if different):		С	City:			State:	
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Kentucky National Background Check Documentation KARES WEB PORTAL

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Kentucky National Background Check Documentation KARES WEB PORTAL

Has any government or regulatory agency (other misappropriated (improperly took or used) the → If you answered "YES" to the question above, please and where it happened.	property of a person or client? provide an explanation in this box, in	□Yes □ No cluding when
Has any government agency (other than the elderly person? → If you answered "YES" to the question above, please and where it happened.		□Yes □No
Do you have a government issued credentia restrict you from providing care to clients? → If yes, explain, including credential name, lamination		ted so as to □Yes □No
Answering "NO" to all questions does not guarantee	employment.	
SIGNATURE, CERTIFICATION AND RELEASE OF INFO	RMATION	
YOU MUST SIGN THIS FORM. Please read the following	acknowledgements carefully before	you sign.
I understand that information requested regarding of birth, citizenship and date of birth is for the sole the criminal history record information, and that it of the law.	e purpose of identification and the	e accurate gathering of
I understand that a false statement on any part of tafter I begin work. I consent to the release of in Kentucky State Police, Federal Bureau of Investigate to the best of my knowledge and belief, all of my state.	nformation regarding a criminal tion (FBI), and any of its authorize	history on me by the ed agents. I certify that,
Applicant's Signature:	Signature of Parent or Guardian if U	nder Age 18:
Signature of Authorized Personnel at Hiring Facility:	Title:	Today's Date:
organical or radiotized i ersonner at thring ratility.	Executive Director	Today & Date.

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