

Application Information

Thank you for your interest in volunteering with Senior Services of Northern Kentucky. Volunteers are an essential part of our team as we work to support the independence and dignity of older adults in our community.

All information provided in this application is kept confidential, and will only be released with the volunteer's permission.

Registration form – This form helps us to know a little more about you and your interests. With this information, we will be able to better match you with a volunteer opportunity.

Background Check Release Form – We are required by law to conduct background checks on all volunteers and employees. This form gives us permission to perform the check. You can request a copy of any information that we receive.

Confidentiality statement – Confidentiality is essential for maintaining the trust of clients. All employees and volunteers agree to keep agency and client information confidential. Please review the confidentiality statement and sign at the bottom of the page.

Once this application has been returned to Senior Services of Northern Kentucky, **the agency will pay all necessary fees** and complete the background check. This process usually takes about a week, and then we can work with you to find the right volunteer placement.

Thank you for your patience in filling out these forms!

If you have any questions, please contact Sonya Turner at 859-491-0522 or sturner@seniorservicesnky.org

Please MAIL the completed application to: Senior Services of Northern Kentucky, 1032 Madison Ave., Covington, KY 41011
We must have your original signature for the background check.



Senior Services of Northern Kentucky

Dedicated to the dignity, vitality and independence of older people

1032 Madison Avenue • Covington, Kentucky 41011-3172 • (859) 491-0522

Fax: (859) 491-4590 • E-mail: sturner@seniorservicesnky.org

VOLUNTEER SERVICES REGISTRATION FORM

Name: _____ Phone (home) _____ (work) _____

Home Address: _____

City: _____ County: _____ State: _____ Zip: _____

E-mail Address: _____

Sex: F ___ M ___ Date of Birth _____ Today's Date: _____ Soc. Sec.# _____ - _____ - _____

Skills, Trainings, Education and Interests: _____

Current or Previous Occupation and Employer _____

Previous and/or Present Volunteer Experience: _____

Do you have any physical conditions that should be taken into consideration in arranging volunteer assignments for you? _____

In case of an emergency, please notify:

Name: _____ Relationship: _____ Phone: _____

Volunteer work in which you are interested:

_____ Grocery Shopping	_____ Home Delivered Meals	_____ Office Work
_____ Yard Work	_____ Van Driver	_____ Fund Raising
_____ Chore Work	_____ Home Repair	_____ Ombudsman
_____ Light Housekeeping	_____ Escort Transportation	_____ Other
_____ Friendly Visitor	_____ Center Assistant	_____

Hours Available: _____ Days: _____

Do you have a preference as to where you do volunteer work? _____

Do you prefer to volunteer periodically, instead of having an on-going assignment? _____

Do you have access to an automobile for volunteer work? _____

Do you have automobile insurance? _____

How did you learn about our volunteer program? _____

Senior Services of Northern Kentucky Confidentiality Policy

Purpose

Confidentiality is an important component of the Agency's business, and it is required that all employees and volunteers maintain confidentiality concerning clients, customers and volunteers.

Guidelines

A. All information contained in Agency files and records, as well as information learned in performing duties, is confidential and may not be shared, released or discussed with unauthorized persons.

1) Information from files and records are to be used only by authorized personnel assigned duties relative to these files and records

2) Identities of individual clients or information concerning specific volunteers may not be released without the permission of the client/volunteer.

B. The employees and volunteers are expected to protect the business affairs of the Agency by non-disclosure of internal Agency information

C. The Executive Director, only, may authorize release of information concerning clients or volunteers.

D. Media or other inquiries of a general nature are referred to the Advancement Director or the Executive Director.

E. Inquiries concerning current or former employees are referred to the Human Resource Coordinator

F. Violations of the confidentiality policy are subject to disciplinary action, up to and including termination.

I agree to abide by the Senior Services of Northern Kentucky Confidentiality Policy.

Name

Date



Request For Conviction Records Department For Social Services Funded Agencies

Pursuant to KRS 216.793, request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

_____ Senior Services of Northern Kentucky 1032 Madison Avenue, Covington, KY 41011
Agency Name and Address

ACKNOWLEDGMENT BY APPLICANT

I have applied for employment for a position involving direct services with a senior citizen(s) agency funded by the Department for Social Services. I know that the Kentucky State Police (KSP) will provide the employer with any record I may have for conviction of any crime. I know that I have the right to inspect my criminal history and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the KSP and any KSP employee from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
Last First Middle Maiden

ADDRESS: _____
Street City State Zip

SEX _____ RACE _____ DATE OF BIRTH _____ SOC SEC NO _____

Signature Date

Witness Date

INSTRUCTIONS:

Requesting agencies should ensure that all application information is completed.

Requesting agencies should forward a check or money order made payable to the **Kentucky State Treasurer** in the amount of **\$10.00** for each submitted form. Requests should be accompanied by **two, self-addressed stamped envelopes** – one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.

The Kentucky State Police will charge a \$25.00 fee on each returned check.

RETURN THIS FORM TO:

Kentucky State Police
Criminal Identifications and Records Branch
Criminal Records Dissemination Section
1250 Louisville Road
Frankfort, KY 40601

Visit us online @ <http://kentuckystatepolice.org>