

## **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 Annalise Appel at 859-491-0522 or [aappel@seniorservicesnky.org](mailto:aappel@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: aappel@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:

<input type="checkbox"/> Grocery Shopping	<input type="checkbox"/> Home Delivered Meals	<input type="checkbox"/> Office Work
<input type="checkbox"/> Yard Work	<input type="checkbox"/> Van Driver	<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Chore Work	<input type="checkbox"/> Home Repair	<input type="checkbox"/> Ombudsman
<input type="checkbox"/> Light Housekeeping	<input type="checkbox"/> Escort Transportation	<input type="checkbox"/> Other
<input type="checkbox"/> Friendly Visitor	<input type="checkbox"/> 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>