Date:_____________

Catholic Charities **Court-Ordered** Application

Please complete this application form as the first step to volunteering with Catholic Charities Inc. Once you complete the form please mail to the attention of Agency Volunteer Coordinator at Catholic Charities 437 N. Topeka, Wichita, KS 67202-2413.

Personal Information

Last Name:______________________________ First Name:___________________________

Street Address:____

City/State/Zip:____

Home Phone:____________________ Cell Phone:____________________ Email :________________________

Birth Date:mm/dd/yy-____________________ Male:______ Female:______

Optional:

- Ethnicity/Race:________________________
- Religion:_____________ If Catholic, Parish:________________
- Parish City:______________

Emergency Contact

First Name:______________________ Last Name:____________________ Relationship :_____________

Street Address:____

City/State/Zip:______________________________ Home Phone:______________________________

Work Phone:__________________________ Cell Phone:_________________ Email:________________________

References

Who referred you to Catholic Charities:_________________________________

Court Contact/Diversion/Probation Officer:_________________________________

Address: ____

Phone: __________________ e-mail:______________________________

What was your offense? ____

☐ Misdemeanor ☐ Felony If misdemeanor, have you been previously convicted of a felony? ☐ Yes ☐ No

Number of hours needed: ___________________ Date to be completed by: ___________________

Availability: **Catholic Charities programs are open Monday through Friday from 8:00 a.m. to 5:00 p.m. except the shelters which are open 24 hours/ 7 days a week.**

Monday a.m.____p.m.______ Tuesday a.m._____ p.m.______ Wednesday a.m._____p.m._____

Thursday a.m._____p.m._____ Friday a.m._____ p.m._____

Shelters and Special Events ONLY:

Saturday a.m._____p.m._____ Sunday a.m._____p.m._____

STATE OF KANSAS
Department for Children and Families
Prevention and Protection Services

ADULT ABUSE, NEGLECT, EXPLOITATION
CENTRAL REGISTRY
RELEASE OF INFORMATION

PPS 10400
REV 10/12

I, ______________________________ , give permission for the release of information concerning
(PRINT ONLY)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)* Don Herron, Director Human Resources **Phone** 316-264-8344 x1251

Agency name Catholic Charities, Inc.

Agency mailing address 437 North Topeka Wichita, KS 67202

☐ **Check box if agency is a CDDO, CMHC, or ILRC**

Maiden Name and/or Other Names Known By: ______________________________
(PRINT ONLY)

Address: ______________ ______________________________
Street **City** **State** **Zip Code**

DOB: ____/____/________ **SS#:** ____-____-________ **Sex:** M or F
(mm/dd/yyyy) **(circle one)**

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse and Neglect Central Registry each year while I am employed or associated with the above agency. ☐ **Yes** ☐ **No**

Signature: ______________________________ **Date:** ____/____/________
(mm/dd/yyyy)

Per statute 65-6205: Community Service Providers, Mental Health Centers and Independent Living Centers may request information for the purpose of obtaining background information on applicants for employment without signed consent. Signature is not required from the individual for which the inquiry is made.

RETURN TO:

Adult Abuse Registry
915 SW Harrison, Rm. 530-E
Topeka, Kansas 66612

FOR CENTRAL OFFICE USE ONLY:
Record found?

Yes ☐ **No** ☐ If yes, finding: ☐ Abuse ☐ Neglect ☐ Exploitation ☐ Fiduciary Abuse | (check all that apply)

"Yes" indicates the individual is listed on the adult abuse, neglect, exploitation registry.

Perpetrator's Name: ______________________________

Region: ______________ Date Substantiated: ______________

Initial: Date:

(This form supersedes ES-1021 and 1021a REV 11/2010)

State of Kansas
Department for Children and Families
Prevention and Protection Services

PPS 1011
REV 07/14

Child Abuse and Neglect Central Registry

Release of Information

All releases and fees should be sent via postal mail to the attention of: **DCF, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601.**

Please complete the information below by printing legibly in ink. All requested information is required to process this request. Incomplete information (blank spaces) will result in the release not being processed and returned. The release may be re-submitted with all requested information.

__CONFIDENTIALITY__: Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to $1,000.

I, ______________________________, give permission for the release of any information concerning
(Please print complete first, middle and last name)
myself in the Child Abuse and Neglect Central Registry to:

A. Contact Person:	Don Herron
Agency Name:	Catholic Charities
Mailing address:	437 N. Topeka Wichita, KS 67202
Phone Number:	(316) 264-8344

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency. I give permission for the release of any information concerning myself in the Child Abuse and Neglect Central Registry each year while I am employed or associated with the above agency.
☐ **Yes** ☐ **No**

First, Middle and Last Name: ______________________________

Maiden Name: (Female applicant only) ______________________________

Married Names, Nicknames or Other Names Used: (Use N/A if no other names used) ______________________________

Date of Birth: ____________________ Race: ____________________

Social Security # ____________________ Gender: ☐ Male ☐ Female

Signature: ______________________________ Date: ____________________

Current Address: ______________________________

____

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of $10.00 per release of information. The following state agencies are exempt from the $10.00 fee: KDOC-JS (Central Office or Facilities), KNI, Dept. Of Education- Central Office, KDHE, KDADS, State Hospitals, State Correctional Institutions, Tribal Authorities, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states. Sub-contracting agencies are not exempt and will be assessed the $10.00 fee.

Mentor record checks, i.e. Big Brothers Big Sisters, are exempt from the $10.00 fee. For a complete list of Mentor Programs, go to: http://community.ksde.org/Default.aspx?tabid=5194. If this is a mentor record check, please make sure the box below is checked.

Mentor Program: ☐ If yes, please check

For Central Registry Use Only

____ **FEE ATTACHED**

My signature below indicates that I understand and agree to the following terms:

I will agree and abide by the Code of Conduct as stated below:

1. I have no direct or indirect interest in the assets, leases, business transactions or professional services of Catholic Charities Inc. except in the course of my volunteer duties. I am not receiving payment for my volunteer duties at the agency. I will not exchange money with clients of the agency.
2. I have not received honoraria or preferential treatment in application for and receipt of agency services, or client referral fees. I have not received and will not accept any gifts in return for my volunteer duties at the agency.
3. I have not and will not conduct private practice or the business of my employment on agency premises.
4. I shall maintain only professional, business relationships with clients of the agency. I will not meet with clients off agency property except during organized agency activities.
5. I shall maintain confidentiality of agency business and all information about clients except as required by law.
6. I have received the Catholic Charities Inc. brochure on privacy and confidentiality, which includes information on HIPPA.
7. I shall discuss with the program director any concerns or questions I have regarding the Code of Conduct.

I agree that Catholic Charities Inc. may photograph and/or video, release voice recordings and/or written materials for use as follows: publications, marketing and or advertising. I further agree:

- Volunteer hereby grants Catholic Charities Inc. and its designees the right to use, re-use, publish and re-publish the information identified above in whole or in part, individually or in conjunction with other written materials, photographs or images, in an medium and for any purpose whatsoever, including, but not limited to, illustration, promotion, advertising, and marketing.
- Volunteer hereby releases Catholic Charities Inc. and its designees from any and all claims and demands arising out of our in connection with the use of such information identified above, including, but not limited to, any claims for defamation or invasion of privacy.
- Volunteer acknowledges that he/she has signed this consent voluntarily.
- Volunteer acknowledges that he/she is of legal age and has read the foregoing and fully understands the contents thereof.

Furthermore, I authorize Catholic Charities Inc. to seek emergency medical treatment in case of accident, injury or illness. I understand that if I am injured while acting as an unpaid member of the volunteer staff, I agree to seek medical attention as requested by the program volunteer coordinator according to the incident policy.

I understand that all entries on this application are true and complete. I understand any falsification of this information may cause forfeiture of my volunteer service with Catholic Charities Inc.

Signature____ Date:____________________

Please print your name:____

Update 06/16