

Providing help. Creating hope.

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Dear Volunteer,

Thank you for your interest in volunteering with Catholic Charities Inc. Volunteers are vital to the success of Catholic Charities Inc. and contribute greatly to our ability to help clients in need. Volunteers make the difference with hands that serve and hearts that care!

We encourage you to check out the volunteer opportunities listed on the website [www.catholiccharitieswichita.org](http://www.catholiccharitieswichita.org) to see what opportunities are currently available.

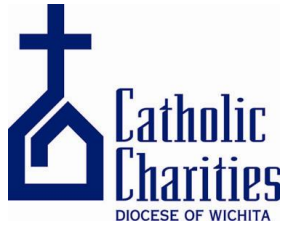
We require all our volunteers to complete the following application to be considered for placement. Please read through it carefully prior to signing, as it includes Parental Consent, Codes of Conduct and criminal background and personal reference checks and releases. Once we receive your completed and signed application and you have attended the orientation (please see Orientation Schedule on the website to choose a date and time), you will be called by the program for which you indicated an interest, to come in for an interview. If you are an Ongoing regularly scheduled individual or group then the background checks will be processed and pending the results, your preferenced program will contact you for an interview. This part of the application process may take up to 3 or 4 weeks.

We welcome children, age 7 to 17 years of age. If the child is between 7 and 15 years, a parent or guardian must accompany the child at all times. If you are a parent-guardian/child team an application will need to be completed for both the parent/legal guardian and the child. For teens 16 and 17 years of age, the parent-guardian *must* sign the application for the teen but does *not* have to accompany the child to the program.

Thank you again for your interest in sharing your time, talents and treasure with Catholic Charities Inc. We look forward to meeting you soon. We LOVE our volunteers!

Kind regards,

Anne Sixkiller  
Development and Marketing Coordinator  
Volunteer Coordinator  
Catholic Charities, Inc.  
532 N. Broadway  
Wichita, KS 67214  
[asixkiller@caholicchariteswichita.org](mailto:asixkiller@caholicchariteswichita.org)  
316-264-8344 X 261



*Our mission is to demonstrate the Gospel values of Love and Justice through service, education, advocacy and collaboration.*

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Established in 1943, Catholic Charities has dedicated more than 67 years to meeting vital community needs in south central and southeast Kansas. As an outreach of the Catholic Church, the goal is to make a positive difference in the lives of families and individuals, serving all faiths.

## **Programs that Need Volunteers**

### **Harbor House**

- This shelter exists to help break the cycle of violence against women and their children by providing them a safe place to stay and support services, like counseling, education and referrals to community resources. Through outreach advocacy services, staff counsel and guide victims of abuse through the judicial and SRS systems. Harbor House provides prevention education and services in cooperation with community partners. Services are free.

Types of Volunteer Opportunities that may be available at this site:

- Child care needs
- Victim advocacy \*training is required
- Front desk/reception work
- Various life skills trainings/Bible studies

### **St. Anthony Family Shelter**

- A family-centered environment, St. Anthony Family Shelter provides families with basic needs, assistance and support to gain stable housing, education on parenting and other life skills, and referrals to community resources. After leaving the shelter, families may participate in a follow up program to help ensure their success. Services are free.

Types of Volunteer Opportunities that may be available at this site:

- Child care needs
- Front desk/reception work
- Housekeeping
- Host a dinner and or dessert and game night for families at the shelter
- Open and supervise the activity center
- Conduct an arts and craft time for the kids

## Adult Day Services

- For more than 25 years, Adult Day Services has provided an affordable, quality alternative to institutional care, helping adults with disabilities and seniors maintain independence in the community. The program offers activities, transportation, nursing services, and nutritional meals during weekdays; enabling families to continue to work and care for loved ones.
  - Types of Volunteer Opportunities that may be available at this site:
  - Piano player to host sing along or just play for enjoyment
  - Chaperone day field trips
  - Care and interact with individuals

## Help Center

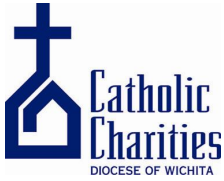
- Catholic Charities Help Center offers case management services to help individuals and families address crisis needs, providing referrals to community resources and financial assistance depending on funds. Hispanic families and individuals are provided with services that are relevant to their needs. Food assistance is available through the pantry. Services are free.
  - Types of Volunteer Opportunities that may be available at this site:
  - Count, stock and sack parcels in the food pantry
  - Greet clients-Bilingual a plus!
  - Answer phones-Bilingual a plus!
  - Housekeeping

## Counseling

- Licensed professionals provide one-on-one, marital and family counseling in times of marital conflict, divorce, loss/grief, depression, stress, abuse and child behavioral problems. Therapeutic and educational groups are offered. Play therapy is also available. Many insurance plans are accepted and reduced fees are available for those who qualify.
  - Types of Volunteer Opportunities that may be available at this site:
  - Internships may be available to those who qualify
  - Clerical duties

## Christmas Sharing Program

- This event provides Christmas toys, blankets, hats, gloves and various other items for families in need. Our annual Christmas Sharing Program benefits hundreds of families and over one thousand children. This annual event includes the services of over 600 volunteers from our community. ***Applications for the 2010 Christmas year will be accepted from August 1 through October 31, 2010.***
  - Types of Volunteer Opportunities that may be available at this program:
  - Gift wrapping
  - Shoppers
  - Check in/Check out
  - Set up
  - Clean up
  - Decorate the site



## VOLUNTEER APPLICATION

Please complete this application form as the first step to volunteering with Catholic Charities Inc. Once you complete the form please mail only pages 4-10 to the attention of Anne Sixkiller at Catholic Charities 532 N. Broadway, Wichita, KS 67214-3504.

### Personal Information

If you are under the age of 18 years, you must have a parent or legal guardian sign the application to give consent for you to volunteer and agree to indemnify Catholic Charities Inc. and hold harmless its agents or employees, from any injury, loss, liability, damage or costs that they may incur by reason of the volunteers participation in any of their programs. If you are 15 years of age or younger, a parent or guardian must accompany you to the program and volunteer with you. A separate application is necessary for the adult accompanying the minor. Social Security number is necessary in order to check backgrounds.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Birth Date:mm/dd/yy-\_\_\_\_\_ Male:\_\_\_\_\_ Female:\_\_\_\_\_

Social Security #:\_\_\_\_\_ Can we email you? Yes\_\_\_ No\_\_\_

#### **Optional:**

- Ethnicity/Race:\_\_\_\_\_
- Religion:\_\_\_\_\_ If Catholic, Parish:\_\_\_\_\_
- Parish City:\_\_\_\_\_

### Work/School/Information

#### **Work:**

Employer:\_\_\_\_\_ Address\_\_\_\_\_

Work Phone:\_\_\_\_\_ Position/Title:\_\_\_\_\_

#### **School:**

School:\_\_\_\_\_ Address:\_\_\_\_\_

Phone:\_\_\_\_\_ Contact Name:\_\_\_\_\_

Highest Level of Education Completed:\_\_\_\_\_ Service hrs. Needed:\_\_\_\_\_

**Emergency Contact**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

If you are applying with a child under 18 years of age, please give the name of the child: \_\_\_\_\_

\_\_\_\_\_

**References: Please list a minimum of three Professional or Non-Family References:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Relationship Type: \_\_\_\_\_

\*\*\*\*\*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Relationship Type: \_\_\_\_\_

\*\*\*\*\*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Relationship Type: \_\_\_\_\_

\*\*\*\*\*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Relationship Type: \_\_\_\_\_

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**Background**

Are you a current or previous Catholic Charities: Client \_\_\_\_\_ Employee \_\_\_\_\_ Volunteer \_\_\_\_\_

If any of the above, what Catholic Charities program(s)? \_\_\_\_\_

Where did you hear about Catholic Charities? \_\_\_\_\_

Who were you referred by? \_\_\_\_\_

Have you volunteered elsewhere in the past 5 years? \_\_\_\_\_

Please check all the languages you speak:

English \_\_\_\_\_ Spanish \_\_\_\_\_ Vietnamese \_\_\_\_\_ Other...Please list: \_\_\_\_\_

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No: \_\_\_\_\_ If yes, Month/Year of charge: \_\_\_\_\_

Charge: \_\_\_\_\_

**If yes, thank you for sharing this information. Please be aware that our policies may prevent us from placing you as a volunteer at Catholic Charities Inc. if you have been convicted of a felony. In order to volunteer at Catholic Charities an individual must NOT have any charges (misdemeanor or felony) related to assault, battery, rape, burglary and/or fraud.**

**Volunteer Preferences**

- \_\_\_\_\_ Administration                      \_\_\_\_\_ Maintenance                      \_\_\_\_\_ Immigration
- \_\_\_\_\_ Adult Day Services                      \_\_\_\_\_ Help Center/Food Pantry                      \_\_\_\_\_ Marriage for Keeps
- \_\_\_\_\_ Counseling                      \_\_\_\_\_ St. Anthony Family Shelter                      \_\_\_\_\_ Harbor House
- \_\_\_\_\_ Special Events                      \_\_\_\_\_ Christmas Sharing (Accepting applications beginning 8/1-10/30 for 2010)

Number of hours available to volunteer: \_\_\_\_\_ Weekly: \_\_\_\_\_ or Monthly: \_\_\_\_\_

Why do you want to volunteer with Catholic Charities? \_\_\_\_\_

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. \_\_\_\_\_

**What type of volunteer do you want to be?**

**Service Volunteer** (One time volunteer for school service hours or Special Events)

**Ongoing** (regularly scheduled committed to a minimum of 8 hours monthly)

**Court Ordered Volunteer** (Must not have a felony or any charges related to assault, battery, rape, burglary and/or fraud)

**Volunteer Group** (A group of people who want to volunteer. Let's discuss, because it's possible background checks *may* apply if the same people in the group are coming on a regularly scheduled basis OR if the group is around children more than one time and are unsupervised by staff) \_\_\_\_\_

If a Group, please list names of each individual volunteer within the group.

**Date of Application:** \_\_\_\_\_ **Organization/School:** \_\_\_\_\_

**Catholic Charities Program:** \_\_\_\_\_ **Leader:** \_\_\_\_\_

**Leader's Phone Number:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Volunteer Name** **Address** **M/F** **DOB**

1.			
2.			
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14.			

As a Catholic Charities Inc. volunteer, each volunteer is required to abide by the terms stated below.

If accepted as a Catholic Charities Inc. volunteer, 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.

I authorize the references listed on my volunteer application to give Catholic Charities Inc. any and all information concerning my previous employment, and any information they may have personal or otherwise, and I release all parties from all liability for any damage or claim that may result from furnishing the same to Catholic Charities Inc.

- For volunteer consideration, I authorize all corporations, former employers, credit agencies, educational institutions, laws enforcement agencies, city, state, and federal governments, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, intellicom, with responsibility for collecting the above information. I authorize the procurement of my workers' compensation files from any state. I understand that these reports/files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form will be valid for this and any future reports or updates that may be requested.

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: \_\_\_\_\_

**Almost through...**

If you have chosen to volunteer as an Ongoing Regularly Scheduled Volunteer please complete this page. If you have chosen to volunteer as an Ongoing Regularly Scheduled Volunteer at Adult Day Services, Please complete the form on page 10.

**Kansas Department of Social and Rehabilitation Services**

Child Abuse and Neglect Central Registry  
915 SW Harrison 5th Fl. South  
Topeka, Kansas 66612

Child Abuse and Neglect Central Registry

**Release of Information**

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

Contact Person:

Ruth Pyrant  
Agency Name:  
Catholic Charities, Inc.  
532 N. Broadway  
Mailing address:  
Wichita, KS 67214  
Phone Number  
(316) 264-8344  
Fax Number (316) 264-4442

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency.

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. All releases and fees should be sent via postal mail to the attention of SRS, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601. The following state agencies are exempt from the \$10.00 fee: JJA (Central Office or Facilities), KNI, Dept. Of Education- Central Office, KDHE, State Hospitals, State Correctional Institutions, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states.

For Central Registry Use Only \_\_\_\_\_ **FEE ATTACHED (Catholic Charities pays this fee.)**

\*\* Please complete the information below by printing in ink. \*\*Please print legibly. Do not leave any space blank. All requested information is required to process this request. Incomplete information will result in the release not being processed and will be returned as insufficient.\*\*



KS DEPT OF SOCIAL AND REHABILITATION SERVICES  
ADULT PROTECTIVE SERVICES

RELEASE OF INFORMATION

Complete all information requested. Include all NICKNAMES, MAIDEN NAMES, AND ALL MARRIED NAMES (any females over the age of 18). Please put NMN if there are none. Do not leave any spaces blank on the form. Signature in ink is required.

I, \_\_\_\_\_, give permission for the release of any information

(Print Only)

concerning myself in the Social and Rehabilitation Services Adult Abuse, Neglect and Exploitation Central Registry to:

CATHOLIC CHARITIES  
Attn: Ruth Pyrant  
532 N. Broadway  
WICHITA, KS 67214  
Phone: 316-264-8344 FAX 316-264-4442

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.

**Reason for check: Potential volunteer of a Catholic Charities Program.**

Maiden Name and/or Other Names Known By: \_\_\_\_\_

\_\_\_\_\_

Any Other Married Name(s):

\_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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For the Adult Abuse, Neglect and Exploitation Central Registry use only:

Information contained in APS Central Registry:

No Record(\_\_\_\_) \_\_\_\_\_ Yes(\_\_\_\_) \_\_\_\_\_

Perpetrator's Name: \_\_\_\_\_

County Reporting: \_\_\_\_\_ Date Report Received: \_\_\_\_\_

Case Finding: \_\_\_\_\_

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

## CATHOLIC CHARITIES

*Privacy and Confidentiality  
Obligations for Employees,  
Volunteers and  
Business Associates*

Catholic Charities is committed to providing quality services and respecting and protecting the privacy of our clients and the confidentiality of their personal information.

This commitment requires workplace behaviors for all employees, volunteers and business associates that ensure privacy and confidentiality. These behaviors, while providing privacy and confidentiality, should never delay a client's access to quality services in a timely manner.

The HIPAA Law of 1996 says that a client has specific rights to his/her information in our records and states our obligations to protect, use and disclose that information correctly.

Each employee, volunteer and business associate must know and follow our privacy practices. Failure to do so can result in disciplinary action or exclusion from some or all of Catholic Charities activities and loss of privileges, including potential civil fines or criminal violations.

Catholic Charities, Inc.  
437 North Topeka  
Wichita, Kansas 67202  
(316) 264-8344  
www.wkscatholiccharities.org



### MISSION

To demonstrate the Gospel values of love and justice through service, education, advocacy and collaboration. This agency serves persons of every faith, personal belief, race, age, nationality and ability. It is an equal opportunity employer.

## CATHOLIC CHARITIES

*Privacy &  
Confidentiality*



Obligations for Employees,  
Volunteers and  
Business Associates



Serving all people.  
Helping renew lives.

