

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: _____ Middle 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.____



Catholic Charities, Inc.

Code of Conduct and Media Release Form

My signature below indicates that I understand and agree to the following terms and I understand any falsification of this information may cause forfeiture of my volunteer service with Catholic Charities, Inc.

I 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.

Signature: _____ **Date:** _____

Background Check Authorization and Release of Information

I do hereby authorize **Catholic Charities** and its designated representatives to conduct and review a criminal background report on me.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose same to **Catholic Charities** including but not limited to, any courthouse, any public agency, any and all law enforcement agency and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, *including alcohol and controlled substance information from previous employers.*

I hereby release **Catholic Charities** and any and all persons, business entity and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

PRINTED NAME: _____
First Middle Last Maiden/Other

SIGNATURE: _____ DATE: _____

COMPLETE RESIDENCE ADDRESS: _____
Street Number/PO Box Street Name

City State Zip Code County

SOCIAL SECURITY NUMBER: _____

DAYTIME TELEPHONE: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

DATE OF BIRTH _____ GENDER: _____

Street Number/PO Box Street Name City State Zip Code County

Street Number/PO Box Street Name City State Zip Code County

Street Number/PO Box Street Name City State Zip Code County



KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
 Child Abuse and Neglect Central Registry
 P.O. Box 2637 • Topeka, KS 66601 • DCF.CentralRegistry@ks.gov

OBI 1011
 9/2018
 Page 1 OF 1

Release of Information

Complete form by printing legibly in ink. Fee of \$10.00 per Release of Information form may be required prior to processing.

All releases and fees are to be sent to the address or email listed above (see below for specifics)

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.*

Contact Person: Mary Merklein-Smith Agency/Org.: Catholic Charities, Inc.

Phone #: 316-264-8344 x1271 Address: 437 N. Topeka

Email: msmith@catholiccharitieswichita.org City/State/Zip: Wichita, KS 67202

Return Results by: Encrypted email (list if different than above): _____ Postal Mail

Payment/Account Information (check box which applies)

<input type="checkbox"/> <i>Fee included</i>	\$10 per request. Check, Money Order (payable to DCF) or cash. Postal mail only.
<input type="checkbox"/> <i>Online Payment*</i>	www.dcf.ks.gov – ‘Online DCF Payments’ icon at bottom of page. Submit receipt with ROI form(s).
<input checked="" type="checkbox"/> <i>Pre-Pay Account*</i>	Agency/Org. has Pre-Pay Account. FEIN: 48-0543703
<input type="checkbox"/> <i>Mentoring Account*</i>	As listed in the Kansas Mentors' Partner Directory. http://mentorkansas.org/Find-a-Program
<input type="checkbox"/> <i>Exempt*</i>	No fee for State government agencies (Sub-contracting agencies not included).

*Release of Information forms may be submitted via email to DCF.CentralRegistry@ks.gov

APPLICANT: *Instructions: PRINT CLEARLY. All requested information is required for processing. Incomplete or illegible information will result in processing delays for the Release of Information. Use 'N/A' rather than leaving a space blank.*

FIRST, MIDDLE, LAST NAME: _____

I give permission for the release of any of my information in the Child Abuse/Neglect Central Registry to the contact listed above. I understand the information released is for their exclusive and confidential use: Yes No
This organization/person/agency may check my information each year I am employed or associated with them: Yes No

OTHER NAMES USED: (Any/all aliases, married, maiden, nicknames, etc. 'N/A' if none used.): _____

DATE OF BIRTH: _____ **RACE:** _____

SOCIAL SECURITY #: _____ **GENDER:** Male Female

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ **EMAIL:** _____

SIGNATURE: _____ **DATE:** _____

DCF ONLY:

MATCH	
<i>This applicant is listed in the Child Abuse/Neglect Central Registry.</i> <i>Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.</i> (see attached document for more info.)	

CLEARED

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

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

Contact Person(s)* _____ Mary Merklein-Smith _____ Phone _____ 316-264-8344 x1271
Agency name _____ Catholic Charities, Inc. _____
Agency mailing address _____ 437 N. Topeka - Wichita, KS 67202 _____
Agency email address _____ msmith@catholiccharitieswichita.org _____

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#: _____ Male Female
(mm/dd/yyyy) (mark 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:

DCF.APSRegistry@KS.GOV

or

Adult Abuse Registry
555 S. Kansas Ave
Topeka, Kansas 66603-3444

(Please allow 3-5 days for processing email requests and an additional 5-7 days if returning by US Postal Service)

FOR PPS ADMINISTRATION USE ONLY:

Record Found? No Yes "Yes" indicates the individual is listed on the adult abuse, neglect, exploitation registry.
If yes, check all that apply Abuse Neglect Exploitation Fiduciary Abuse
Perpetrator's Name: _____ Date Substantiated: _____
Initial: _____ Date: _____