

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.\_\_\_\_

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: \_\_\_\_\_



**KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES**  
**Child Abuse and Neglect Central Registry**  
 P.O. Box 2637 • Topeka, KS 66601 • [DCF.CentralRegistry@ks.gov](mailto:DCF.CentralRegistry@ks.gov)  
**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:** Don Herron Agency/Org.: Catholic Charities  
 Phone #: 316-264-8344 Address: 437 N. Topeka  
 Email: dherron@catholiccharitieswichita.org. City/State/Zip: Wichita, KS 67202

Return Results by:  Encrypted email (list if different than above): msmith@catholiccharitieswichita.org  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. <b>Postal mail only.</b>	
<input type="checkbox"/> <i>Online Payment*</i>	<a href="http://www.dcf.ks.gov">www.dcf.ks.gov</a> – ‘Online DCF Payments’ bottom of page. Payment Portal. Submit receipt with ROI form(s).	
<input checked="" type="checkbox"/> <i>Pre-Pay Account*</i>	Agency/Org. has Pre-Pay Account.	FEIN: <u>48-0543703</u>
<input type="checkbox"/> <i>Mentoring Account*</i>	As listed in the Kansas Mentors' Partner Directory. <a href="http://mentorkansas.org/Find-a-Program">http://mentorkansas.org/Find-a-Program</a>	
<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](mailto: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**

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

**CLEARED**

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