

Background Check  
Packet  
for Campsites  
(only)

# Volunteer Application

## Kentucky Cooperative Extension Service

Kentucky Cooperative Extension Service takes seriously its obligation to provide a safe environment for all persons involved in volunteer activities. This application will gather information necessary to successfully match the applicant with the appropriate position. When questions arise about qualifications, answers given by the application will be verified.

### I. GENERAL INFORMATION

Name \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

e-mail \_\_\_\_\_

Phone: Primary \_\_\_\_\_ Mobile \_\_\_\_\_

Other \_\_\_\_\_ Work \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

Residential Address (If different from above): \_\_\_\_\_  
(Street, Box, Route, Apt#) (City) (State) (Zip)

How long have you lived at present address? \_\_\_\_\_ years

If less than five years, list your prior addresses and the length of time you lived at each.

\_\_\_\_\_  
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP) (Length of Stay)

\_\_\_\_\_  
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP) (Length of Stay)

**Ethnicity:** (*check one*):  Hispanic or Latino  Not Hispanic or Latino

**Racial Groups** (*check all that apply*):  White  Black or African American  
 American Indian or Alaskan Native  Asian  
 Native Hawaiian or Other Pacific Islander

**Gender:**  Female  Male  Other: \_\_\_\_ **Occupation:** \_\_\_\_\_

\_\_\_\_\_  
**Employer:** \_\_\_\_\_

If you were a 4-Her, indicate County: \_\_\_\_\_ State: \_\_\_\_\_

If you have volunteered with youth (including 4-H), how long did you do so? \_\_\_\_\_

If yes, list City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Have you been convicted of two or more moving vehicle violations in the last 12 months?  
 Yes  No If yes, please explain: \_\_\_\_\_

Extension staff with whom you worked. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Previous Volunteer Experience (LIST CURRENT OR MOST RECENT EXPERIENCE FIRST)

ORGANIZATION	VOLUNTEER ROLE	YEAR(S)
ORGANIZATION	VOLUNTEER ROLE	YEAR(S)

## II. EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

e-mail \_\_\_\_\_

Phone: Primary \_\_\_\_\_ Mobile \_\_\_\_\_  
Other \_\_\_\_\_ Work \_\_\_\_\_

## III. PERSONAL REFERENCES

List two persons not related to you who know about your qualifications and experiences working as a volunteer. If you have previous experience as a volunteer with a youth organization, one reference should be from that youth organization. Please include complete address and phone number.

1) NAME: \_\_\_\_\_ cell phone \_\_\_\_\_ work phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

How do you know this person? \_\_\_\_\_ email \_\_\_\_\_

2) NAME \_\_\_\_\_ cell phone \_\_\_\_\_ work phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

How do you know this person? \_\_\_\_\_ email \_\_\_\_\_

I authorize the contact of the references listed above.

I understand an annual Criminal Record Check may be conducted. I understand that the misrepresentation or omission of information requested is just cause for non-appointment/ termination/disengagement as a volunteer.

If accepted as a volunteer, I agree to abide by the standards of the Kentucky Cooperative Extension Service and to fulfill the volunteer responsibilities to the best of my abilities. I understand that the purpose of 4-H Youth Development programs is to develop youth individually and as responsible, productive citizens. I recognize that Extension programs are part of the College of Agriculture, in which USDA, the University of Kentucky, Kentucky State University and all Kentucky counties share. As a volunteer, I am committing to involve individuals regardless of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.

Signature of volunteer \_\_\_\_\_

Date \_\_\_\_\_



Criminal Record Check Request

University of Kentucky Extension Volunteer Criminal Record Check Request

**DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS**  
*Please Read Carefully Before Signing the Authorization*

In considering you for a volunteer role, Kentucky Extension will request a criminal record check from Verified Volunteers. (855) 326-1860 [www.verifiedvolunteers.com](http://www.verifiedvolunteers.com) as well as two personal references.

For explanation purposes:

- a “criminal record check” is a written communication of information, used in making a volunteer-related decision about you. This may include criminal history reports and driving records.
- a “personal reference” is a report of information on your character, reputation, personal characteristics or mode of living obtained from prior employers, neighbors, friends, associates or others who have such knowledge. You are entitled to disclosures regarding the nature and scope of the information requested and “A Summary of Your Rights under the Fair Credit Reporting Act.” (Note: We will **not** run a credit check on any potential volunteer. This is simply the name of the bill.)

We must have your written authorization to obtain a criminal record check and personal reference. Before any adverse action is taken, based on information in those reports, you will be provided a copy of that report, the name, address and telephone number of Verified Volunteers and a summary of your rights under the FCRA.

To obtain a Criminal Record Check, please print your information clearly and accurately:

**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Driver’s License #:** \_\_\_\_\_ **Driver’s License State:** \_\_\_\_\_

**Current Address: 1:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Seven Year Address History:**

**Address 2:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Address 3:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Address 4:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Address 5:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Maiden/Alias Names Used:** \_\_\_\_\_

I understand that failure to provide the information requested will prohibit my involvement as a volunteer for the University of Kentucky. I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100.

***I hereby give permission to the University of Kentucky to obtain a Criminal Record Report on me.***

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)



**COMMONWEALTH OF KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department for Community Based Services**  
**CENTRAL REGISTRY CHECK**

**FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CA/N) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM (www.lrc.ky.gov). PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:**

- Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
- Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300)  
(Institution/Group Home/Emergency)
- Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member  
(Required by KRS 160.380)
- Private, Parochial, or Church School Employee or Student Teacher  
(Permitted by KRS 160.151)
- Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- Supports for Community Living (SCL) Employee (Required by 907 KAR 12:010)
- Michelle P. Waiver (Required by 907 KAR 1:835)
- Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
- Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
- Children's Advocacy Center (Required by 922 KAR 1:580)
- Court Appointed Special Advocate (CASA) (Required by KRS 620.515)
- Personal Care Attendant (Required by 910 KAR 1:090)

**Other** (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

**NAME:** \_\_\_\_\_  
(first) (middle) (maiden/nickname/other) (last)

**Sex:** \_\_\_ **Race:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security/Individual Taxpayer Identification #:** \_\_\_\_\_

**Date of Initial Hire:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.



**CENTRAL REGISTRY CHECK**

**A credit or debit card payment in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment.**

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

\_\_\_\_\_  
Signature of the Individual Submitting to the Child Abuse or Neglect Check

\_\_\_\_\_  
Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization for Disclosure of Protected Information, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

**NAME OF EMPLOYER/AGENCY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_

**RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]**

- No reportable incident found in accordance with 922 KAR 1:470
  - Substantiated child abuse found on the registry      Date of substantiated finding: \_\_\_\_\_
  - Substantiated child neglect found on the registry      Date of substantiated finding: \_\_\_\_\_
- The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights  Yes  No
- A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON \_\_\_\_\_ BY \_\_\_\_\_

Verified Volunteer Criminal Record Check Results

## Criminal Record (Background) Check Results (attach here)

### Disclosure Regarding Volunteer Background Report

Kentucky Cooperative Extension Service (“COMPANY”) may obtain from Sterling Volunteers, 1 State Street Plaza, New York, NY 10004, (855) 326-1860, [www.sterlingvolunteers.com](http://www.sterlingvolunteers.com), a consumer report and/or an investigative consumer report (“REPORT”) that contains background information about you in connection with volunteerism. Verified Volunteers may obtain further reports throughout your volunteerism so as to update your report without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records; motor vehicle and driving records; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be for personal references.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

### Authorization to Obtain a Criminal Record Check (Background Report)

I have read the Disclosure Regarding Volunteer Background Report provided by Kentucky Cooperative Extension Service (“COMPANY”) and this Authorization to Obtain Volunteer Background Report. By my signature below, I hereby consent to the preparation by Verified Volunteers, a consumer reporting agency located at 1 State Street Plaza, New York, NY 10004, (855) 326-1860, [www.sterlingvolunteers.com/](http://www.sterlingvolunteers.com/) of background reports regarding me and the release of such reports to the COMPANY and its designated representatives, to assist the COMPANY in making a volunteer decision involving me at any time after receipt of this authorization and throughout my volunteerism, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, to furnish any and all information regarding me to Verified Volunteers and/or the COMPANY itself and authorize Verified Volunteers to provide such information to the COMPANY. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau’s “A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT.”

Applicant’s Name (Printed): \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_

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

