

Mason County Schools - VOLUNTEER APPLICATION SY 2021-2022

Please print or type information clearly. Please complete only one form per applicant, per year.

Please submit this form together with your \$15 fee for processing.

Volunteer Application Checklist:

- ☐ **Completed front and back of Volunteer Application form.**
*- **Requires two (2) signatures (one on front and one on back).** For the protection of our students, volunteers are required to submit to a criminal records check prior to volunteering with the school district. The cost for this background check is \$10.00. **The volunteer is responsible for \$5.00 of this fee**, and the school district will cover the remaining \$5.00 portion of the fee.*
- ☐ **Completed Central Registry Check form.**
*KRS 160.151 requires completion of a CAN (Child Abuse/Neglect) Check as a condition of employment or volunteerism. The cost for the CAN Check is \$15.00. **The volunteer is responsible for \$10.00 of this fee** and the school district will cover the remaining 5.00 portion of the fee.*
- ☐ **Copy of applicant's photo ID, social security card or birth certificate.**
- ☐ **\$15.00 processing fee attached.**
*- **Cash, check or money order payable to Mason County Schools**
Background checks are good for three years. Individuals completing a background check during the 2021-22 school year will not need another until school year 2024-25.*
- ☐ **If applicant is under age of 18 – Parent must complete and sign a consent to process DPP 156 Central Registry Check on their child. Parent/guardian needs to submit a copy of their photo id along with the consent.**

Please return completed forms together with the \$15.00 fee for processing.

If you have any questions or concerns, please contact Dawn Mains, Community Education Director/Volunteer Coordinator for Mason County Schools at: (606) 564-7755.

Mason County Schools - VOLUNTEER APPLICATION SY 2021-2022

Please print or type information clearly. Please complete only one form per applicant, per year.

Please submit this form together with your \$5 fee for processing.

Volunteer Name (First & Last)		Address	
Designation: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> RSVP Volunteer <input type="checkbox"/> College Student <input type="checkbox"/> STARS Mentor <input type="checkbox"/> Other, _____			
Telephone Number		E-Mail Address	
Employer	Work Phone Number	Hours Worked	
Emergency Contact		Phone	
Relationship of emergency contact to applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other			

School for which you would like to volunteer : **please check all that apply** ☐ Straub ☐ MCIS ☐ MCMS ☐ MCHS

Please list all children you have attending Mason County Schools: (if more than 3, please list on back of form)

<u>STUDENT'S NAME (First & Last)</u>	<u>GRADE</u>	<u>TEACHER</u>
<input type="checkbox"/> Boy <input type="checkbox"/> Girl		
<input type="checkbox"/> Boy <input type="checkbox"/> Girl		
<input type="checkbox"/> Boy <input type="checkbox"/> Girl		

Type of volunteer work you would like (please check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> work with students | <input type="checkbox"/> making/repairing things | <input type="checkbox"/> work in office, copy room |
| <input type="checkbox"/> business or computer-related | <input type="checkbox"/> special events or activities | <input type="checkbox"/> help with testing in the Spring |
| <input type="checkbox"/> help with portfolio writing | <input type="checkbox"/> mentoring a student | <input type="checkbox"/> other, _____ |

Volunteer Program Participation Statement

Volunteers are required to submit to a criminal records check for which there is a \$10.00 fee. The School District will pay one-half of this fee, with the balance being the responsibility of the applicant. Please submit this form together with your \$5.00 fee for processing. (Background Checks are good for 3 years – therefore, those completing a background check this school year won't need one until school year 2024-2025).

As a volunteer, I agree to:

- **Submit to a criminal records check.** (Maiden/Alias, DOB and SSN information is required to obtain records check. SSN will only be used to obtain records check and is then deleted from form.) This is a requirement for all school volunteers in Kentucky.

Maiden Name/Alias: _____

Date of Birth: _____

Social Security Number: _____

Driver's License # _____

Request will be submitted to The Administrative Office of the Courts, Frankfort, KY. Information will be kept CONFIDENTIAL.

- Abide by all school rules and Board of Education regulations and policies.
- Sign in and honor my commitment to work as scheduled.
- Notify the school in advance if I must be absent from a scheduled commitment.
- If I am working outside the school, I will keep track of my hours and submit them to the school.
- **CONFIDENTIALITY** – I understand that any information concerning any teachers or students is to remain confidential and not to be discussed outside of the school. If there is a problem that you need to discuss, please see the Principal or Superintendent.

Volunteer Signature

Date

MASON COUNTY SCHOOLS – VOLUNTEER PROGRAM

Acknowledgement of Responsibilities and Requirement Statement

As a volunteer for Mason County Schools:

- I, the undersigned, agree to follow the directions given to me by the Volunteer Coordinator/Family Advocate.
- I, the undersigned, agree to abide by all school rules and Board of Education regulations and policies.
- I, the undersigned, agree to sign-in at the main office and/or designated volunteer sign-in area each time I volunteer. If I am working outside the school, I will keep track of my hours and submit them to the school.
- I, the undersigned, agree to honor my commitment to work as scheduled, and will notify the school and/or Family Advocate in advance if I must be absent from a scheduled commitment.
- I, the undersigned, will not discuss students or what I have observed in the schools with others. I understand that any information concerning any teachers or students is to remain **confidential** and not to be discussed outside of the school.
- I, the undersigned, agree to direct all discussions as to the needs and/or progress of the students with whom I am directly working solely with their teacher and/or the administrative staff of the school which they are attending. Additionally, I understand that with the exception of those students with whom I am directly working, I cannot discuss specific students and/or inquire as to their progress.

Print Name: _____

Signature: _____

Date: _____

Authorization to Complete an Abuse and Neglect Check

I, _____, parent/legal guardian of _____, Authorize the Records Management Section (RMS) to complete a Child Abuse and Neglect (CAN) check on my child. I waive any right to claim the request is an invasion of privacy as it is made with my consent. I release RMS from any liability regarding the release of any abuse and neglect information gathered in the background check.

Parent/Legal Guardian 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 _____