



Mentors & Meals
ADULT Volunteer Information Page (VIP)

Name: _____

Cell: _____

Home Address: _____

Email: _____

Church Home: (Optional): _____

- I am interested in being an "Adult Volunteer" in the following areas: (Check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Mentor/Tutor (3:30-4:30) | <input type="checkbox"/> Greeting Kids/Help with Check In (3:15-3:45) |
| <input type="checkbox"/> Assist with Youth Activities (4:30-5:30) | <input type="checkbox"/> Help with Check- Out (5:00-5:45) |
| <input type="checkbox"/> Being a member of the United Way Trailblazers Program | <input type="checkbox"/> Transportation on Fridays |
| <input type="checkbox"/> Consistent involvement in STEM program (12 sessions) | <input type="checkbox"/> Food Preparation, Service, Clean Up |

For planning purposes, it helps us to know when you will be available:

I would like to work on certain days per week/ per month: _____

I agree to have a background check on record prior to volunteering. File date: _____

I already have a background check through the school system Provide a copy: _____

(If handling food) I agree to take the online Food Handlers certification. File date: _____

I am available to volunteer on: (check all dates that apply)					
Months	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					

For questions, contact Lisa Johnson, lisa@mentors-meals.org, or call 859-552-6873
Return form to: Lisa Johnson/M&Ms, 160 Lexington Road, Versailles, Kentucky, 40383

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 (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. 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/Wilderness)
- 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 1:145)

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) (last)

Sex: ___ Race: _____ Date of Birth: _____ Social Security #: _____

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 check or money order made payable to the "Kentucky State Treasurer" 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. Mail check or money order and this completed form to:

**Cabinet for Health and Family Services
Department for Community Based Services
Records Management Section
275 East Main St., 3E-G
Frankfort, Kentucky 40621**

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

Witness Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, 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:

Account# E1147
NAME OF EMPLOYER/AGENCY: Woodford County Board of Education Attn: Human Resources
ADDRESS: 330 Pisgah Pike **CITY:** Versailles
STATE: Kentucky **ZIP:** 40383 **PHONE:** 859-879-4600

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** _____

DPP-156
(R. 1/18)
922 KAR 1:470

AOC-RU-007
Rev. 1-10
Page 1 of 1
Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
records@kycourts.net
KRS 17.160



YOUTH LEADER REQUEST

MAIL REQUESTS TO:
ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
100 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
502- 573-1682 or 800-928-6381

The process to obtain the information contained in CourtNet is as follows:

Individuals serving as Youth Leaders

FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUAL'S INFORMATION CLEARLY.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing.

*** ALL INFORMATION BELOW IS REQUIRED.**

School	Date
Woodford County Schools	(859) 879-4600
Agency	Phone Number
330 Pisgah Pike	kassi.bicknell@woodford.kyschools.us
Address	E-mail Address
Versailles, KY 40383	
City, State, Zip	