

**Return to:**  
**Volunteer Coordinator**



**MARYHURST**  
**VOLUNTEER APPLICATION**  
*1015 Dorsey Lane*  
*Louisville, Kentucky 40223*  
*(502) 271-4520*

Office use only

Date processed: \_\_\_\_\_  
By: \_\_\_\_\_

\_\_\_ Reference      \_\_\_ Pretrial  
\_\_\_ Vericorp      \_\_\_ CFFC

File Review Year \_\_\_\_\_

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

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

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

**Job Duties:** \_\_\_\_\_

**Date of Hire:** \_\_\_\_\_ **Hours per week:** \_\_\_\_\_

**Education (Highest grade completed):** \_\_\_\_\_

**Volunteer Activities (current/previous):** \_\_\_\_\_

**Why do you want to volunteer at Maryhurst?** \_\_\_\_\_

**How did you learn about Maryhurst and our need for volunteers?**

(over)

**EMERGENCY CONTACTS IN CASE OF ACCIDENT OR ILLNESS:**

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Name	(Phone- Day & Evening)	Relationship
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Name	(Phone- Day & Evening)	Relationship
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Have you ever been convicted of a felony or misdemeanor? Yes\* \_\_\_\_\_ No \_\_\_\_\_

\*If yes, for what? \_\_\_\_\_ Date: \_\_\_\_\_

What times are you available for volunteer work? (Mornings, Evenings, Weekday, Weekend):

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Please list special interests, hobbies, musical abilities, languages, special talents and skills

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**PLEASE CHECK THE FOLLOWING CATEGORIES OF INTEREST TO YOU:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Arts & Crafts       | <input type="checkbox"/> Fundraising Events      | <input type="checkbox"/> Office Work                            |
| <input type="checkbox"/> Hairstylist         | <input type="checkbox"/> Holiday Gift Collection | <input type="checkbox"/> Journey of Hope Luncheon               |
| <input type="checkbox"/> Maintenance Project | <input type="checkbox"/> Recreation Project      | <input type="checkbox"/> Service Projects (painting, lawn care) |
| <input type="checkbox"/> Tutoring            | <input type="checkbox"/> One Time Project: _____ |   |
| <input type="checkbox"/> Culinary Projects   | <input type="checkbox"/> Makeup Lessons          | <input type="checkbox"/> Youth Ministry                         |

Please explain, in detail, your specific volunteer interest \_\_\_\_\_

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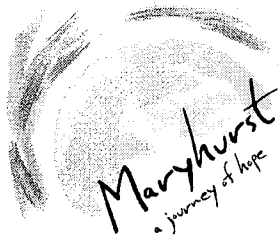
*I verify that all of the information given by me on this application is true. I understand that if any of it is found to be incorrect, this may be cause for termination as volunteer with Maryhurst.*

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**Applicant Signature**

**Date**

We consider applicants for volunteer positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status. We are an equal opportunity employer. **PLEASE KNOW THAT MARYHURST WILL CONDUCT AN EXTENSIVE BACKGROUND CHECK THAT MAY TAKE UP TO 4 WEEKS FOR COMPLETION.**



1015 Dorsey Lane – Louisville, KY 40223 – (502) 271-4520

**CODE OF ETHICS FOR VOLUNTEERS**

1. The volunteer will maintain high standards of personal conduct.
2. The volunteer will strive to become and remain proficient in the performance of their functions at Maryhurst.
3. The volunteer will not discriminate on the basis of race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical handicap, or any other preference or personal characteristic, condition, or status.
4. The volunteer will respect the privacy of Maryhurst clients and staff and hold in confidence all information obtained in the course of volunteer services.

*I have read the above Volunteer Code of Ethics for Maryhurst. I agree to comply with these standards.*

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEDGE OF CONFIDENTIALITY**

I Hereby pledge that I shall safeguard and trust as Confidential any and all information (whether acquired through verbal communication, written record, or observation) regarding any resident, alumnae, relative or friend of a resident or alumnae, staff member, or volunteer member of Maryhurst, which I may, through my affiliation with Maryhurst, so acquire.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**MEDIA RELEASE AUTHORIZATION**

**I authorize Maryhurst to release information concerning my volunteer activities, at Maryhurst. I also authorize Maryhurst to use photos taken as a result of my volunteer involvement with the agency.**

\_\_\_\_\_  
**Printed name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**MEDICAL RELEASE OF VOLUNTEER  
CANDIDATE INFORMATION CONSENT FORM**

**A. I \_\_\_\_\_ give permission for my therapist /psychiatrist to release information to the clinical staff at Maryhurst concerning my ability to be a competent and safe volunteer.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**OR**

**B. This document is not applicable for my consideration as a volunteer.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



### Volunteer Reference

(If possible, please have form completed by reference before returning.)

*It is my understanding that Maryhurst will make a thorough investigation into my background and may verify all data given in my volunteer application, related papers, or oral interview. I authorize such investigation and the giving and receiving of any information requested by Maryhurst. I release from liability any person giving or receiving any such information. I understand that the falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being selected, or if selected, I may be subject to immediate dismissal.*

*I hereby release the below-named person to provide personal reference information to Maryhurst.*

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature

Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

The above named person has applied to be a Maryhurst volunteer. The applicant has listed you as a reference. If accepted, the applicant will provide community opportunities and will be a role model for one of our youth. Please give a frank evaluation of how effective you feel this person may be in interacting with a Maryhurst client and staff.

PLEASE CHECK APPROPRIATE COLUMN INDICATING YOUR RATING OF APPLICANT

	Excellent	Good	Adequate	Poor
Emotional stability				
Dependability				
Ability to relate to children/adults				
Interpersonal relationships				
Character				
Cooperation /w others				

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Should you have other information you wish to share about this volunteer candidate, please feel free to contact the Volunteer Coordinator listed below. All information is considered confidential and will not be discussed with unauthorized personnel.

Please return to: **Maryhurst  
Volunteer Coordinator  
1015 Dorsey Ln.  
Louisville, KY 40223  
(502) 271-4520**

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES

DEPARTMENT FOR COMMUNITY BASED SERVICES  
DIVISION OF PROTECTION AND PERMANENCY

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATIONS REQUIRE A CHILD ABUSE/NEGLECT (CAN) CENTRAL REGISTRY CHECK AS A CONDITION OF EMPLOYMENT. PLEASE CHECK THE CATEGORY FOR WHICH THE CAN CENTRAL REGISTRY CHECK IS BEING REQUESTED:

- Day Care Employee or Volunteer (CAN Check pursuant to 922 KAR 2:090)
- Applicant for Day Care Center Licensure (CAN Check pursuant to 922 KAR 2:090)
- Child-Placing Agency Employee (CAN Check pursuant to 922 KAR 1:310)
- Child-Caring Facility Employee *Volunteer* (CAN Check pursuant to 922 KAR 1:300)
- IMPACT-PLUS Subcontractor (CAN Check pursuant to 907 KAR 3:030)

**OTHER** (If none of the above categories is applicable, please explain the reason for requesting a CAN central registry check, including the statutory or regulatory authority for the request):

**PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CAN CENTRAL REGISTRY 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) (Last)

Sex: \_\_\_ Race: \_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Present Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

~~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 CAN Central Registry Check. The CAN Check will NOT be processed without payment.~~ Mail check or money order to: *Manhurst will pay fee*

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



I hereby authorize the Cabinet for Health and Family Services to complete a CAN central registry check and provide the results of the check 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.

\_\_\_\_\_  
Signature of the Individual Submitting to the CAN Central Registry Check Date \_\_\_\_\_

\_\_\_\_\_  
Witness Date \_\_\_\_\_

The individual authorizing a CAN check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet to disclose additional information regarding a substantiated 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.

**NAME OF EMPLOYER/AGENCY:** \_\_\_\_\_ Maryhurst Inc. \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ 1015 Dorsey Ln. \_\_\_\_\_ **CITY:** \_\_\_\_\_ Louisville \_\_\_\_\_

**STATE:** \_\_\_\_\_ Kentucky \_\_\_\_\_ **ZIP:** 40223 **PHONE:** \_\_\_\_\_ 502-245-1576 \_\_\_\_\_

**RESULTS OF CAN CENTRAL REGISTRY CHECK** **[FOR OFFICIAL USE ONLY]**

No substantiated incident of child abuse or neglect found on the registry at the time of this check.

Substantiated child abuse found on the registry      Date of substantiated finding: \_\_\_\_\_

Substantiated child neglect found on the registry      Date of substantiated finding: \_\_\_\_\_

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



ADMINISTRATIVE OFFICE OF THE COURTS  
PRETRIAL SERVICES RECORDS DIVISION  
100 MILLCREEK PARK  
FRANKFORT, KENTUCKY 40601  
502-573-1682 or 800-928-6381  
pretrialrecords@kycourts.net



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

**Individuals**

Requesting a record on yourself requires a \$10.00 fee (**check or money order**). ~~Enclose a self addressed stamped envelope for a return reply.~~ *Maryhurst will pay fee*

**Nonprofit**

Requesting a record on individuals requires a \$10.00 fee (**check or money order**) and your nonprofit number (Form #51-A-126). Your return envelope must be addressed with adequate postage, and the other envelope only needs the address of the person being checked.

**Health Care  
Housing Auth.**

**Licensing/  
Others**

A request for licensing purposes and on another person requires a \$10.00 fee (**check or money order**) and must include two envelopes. Your return envelope must be addressed with adequate postage, and the other only needs the address of the person being checked.

**Government**

Government entities must provide both envelopes mentioned above, a tax exempt number for waiver of fees, contact person, phone number, and mailing address on their request. Multiple inquires can be made on a continuation form.

**Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. 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 Pretrial Services Records Division at (502) 573-1682 or (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUALS INFORMATION CLEARLY.

SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MAIDEN OR ALIAS NAMES: \_\_\_\_\_

STREET ADDRESS / P.O. BOX: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS. 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

Individual's Signature  
31-1542209  
Non-Profit Number (Form 51-A-126), or Tax Exempt Number

Date  
kelly.pendergrast@maryhurst.org  
E-mail address(sent to this e-mail only)

Would you like the CourtNet Records e-mailed?  Yes  No

Maryhurst  
Company  
Kelly Pendergrast  
Requestor/Contact Person  
1015 Dorsey Ln.  
Address  
Louisville Kentucky 40223  
City, State, Zip

502-271-4514  
Telephone Number  
Please denote which purpose applies to this request:  
 Employment  
 Criminal Investigation  
 Screening Housing Applicants  
 Volunteer/Care over Juvenile  
 Licensing  
 Other (please explain) \_\_\_\_\_



**CRIMINAL RECORDS & BACKGROUND  
RELEASE AUTHORIZATION AND DISCLOSURE**

PLEASE TYPE OR PRINT

I, \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention "Engagement", HR Affiliates will use the services of an outside agency to research and verify the information I have provided on my application for Work including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to HR Affiliates. HR Affiliates uses VeriCORP, a consumer-reporting agency, as an agent to perform its Employment-related background investigations.

VeriCORP will utilize various sources of information it deems appropriate including but not limited to: criminal records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, licensing authorities, state and federal sanctioning authorities, professional and personal references and workers' compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to HR Affiliates and VeriCORP.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Engagement from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by HR Affiliates if Engagement is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to HR Affiliates. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: HR Affiliates, 1930 Bishop Lane, Suite 111, Louisville, KY 40218. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

Law enforcement agencies and other entities for positive identification purposes require the following information when checking public records. It is confidential and will not be used for any other purposes. **Please print clearly.**

Please Print

FIRST NAME	MIDDLE NAME	LAST NAME	ALIAS/MAIDEN NAME(S)
SOCIAL SECURITY #	DATE OF BIRTH (Mo/Day/Yr)	RACE	PLEASE CIRCLE ONE
			MALE OR FEMALE

Complete if applying for a position that may involve driving a motor vehicle.

DRIVER'S LICENSE #	STATE ISSUED	EXPIRATION DATE

List all previous addresses for the past 7 years:

ADDRESS, CITY and STATE	ZIP CODE	COUNTY	DATE FROM	DATE TO

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_