



DCCH Center for Children & Families Volunteer Application

Included in your packet is:

- **Volunteer Application**
- **VIRTUS Training Instructions**
- **“2017 Edition” Acceptance Form** (This is for the Virtus Class you will be REQUIRED to take, sign up information is below)
- **Bureau of Background Information Form** (*one page*):
* *You must be able to pass the criminal background check through the Background Bureau, Inc. (BBI). Those items, felonies, or misdemeanors, which could eliminate you from consideration, whether charged or adjudicated include but are not limited to: DUI, Assault, Crimes against or including Children, Drug Offenses. Based on the results of your CBC, the decision to disqualify you is solely that of DCCH and the Diocese of Covington and ALL decisions are final.*
- **Kentucky Child Abuse and Neglect Registry – Central Registry Check** (*two pages*):
* ***Please supply a copy of your valid Driver’s License and proof of auto insurance.***
If you appear on the KY Registry you WILL NOT be considered for a volunteer position.

* *This State form says to supply a check for \$20.00, but the agency picks up this cost and you **DO NOT** have to write a check.*
- **3 Reference forms** (*Only 1 of these can be a relative. Reference forms can be mailed or returned hand delivered at the interview.*)
- **Volunteer Agreement and Release of Liability** (*Equine Volunteer Positions have an additional Form*)
- **Photograph Media Consent & Release**

If you are applying for the **Mentoring Program or Surrogate Family Program** you must be 21 years of age and provide a copy of your VALID driver’s license and proof of automobile insurance and return with your paperwork at the time of your interview. Engagement with the child is 2-4 hours a week minimum, excluding sick time and vacations. This is a significant commitment and we want to stress the importance that you are making a commitment to a child for the duration of their stay at DCCH. These children have experienced so much loss already and we don’t want to further that loss by not having a full commitment of time from our Mentors and Surrogate Families. Also keep in mind that anyone that the child will be exposed to on a regular basis other than yourself will have to go through the same application process and training required of you to ensure the safety of our children. Children are to be supervised **at all times** by the appointed Mentor or Surrogate Family.

Once you have completed the attached paperwork, please call or email to set up an interview.

Amy Pelicano, Development Director

(859) 331-2040 Ext. 8534

apelicano@dcchcenter.org

DCCH Volunteer Application

* Please print CLEARLY

Applicant's Full Given Name: _____ Date: _____

First Middle Maiden Last

(Street Address) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____ Email: _____

Place of Employment/School Attended: _____

Date of Birth: _____ Please Check One: Over 21 _____ Under 21 _____

Active Duty Military or Veteran, if so Thank you! (Check One): Active Duty _____ Veteran _____

Any illnesses or conditions that DCCH needs to be aware of:

Personal Physician and Phone #: _____

Emergency Contact & Phone #1: _____

Emergency Contact & Phone #2: _____

Please Check all volunteer opportunities you are interested in:

Mentor: _____ Apartment Volunteer: _____ Tutor: _____ Equine: _____ HALO _____ Young Professionals: _____

Flea Market: _____ Clerical: _____ Foster Care Support: _____ Other: _____

Please indicate when you would prefer to volunteer: Flexible _____

Weekdays: _____ Weekends: _____ Evenings: _____
Days/ Times Days/ Times Days/ Times

By counsel we are required to ask:

Do you have a police record? YES NO

If YES, describe briefly: _____

All information recorded above is confidential. If you are seeking to work directly with our children, a criminal background check and Child Abuse and Neglect Registry Check are REQUIRED by the State of Kentucky and the Council on Accreditation. By signing below, you are giving your permission for Diocesan Catholic Children's Home (DCCH) to check with your references as well as to conduct the required background checks. Also, by signing below you understand that based on the results of either check, you may be eliminated from consideration as a candidate and that this decision is solely that of Diocesan Catholic Children's Home (DCCH) and the Diocese of Covington. Your signature gives the DCCH your permission to call your physician and or emergency contacts. Thank you for completing your health information.

Signature: _____

Date: _____

DCCH Volunteer Application

Getting to Know You

Volunteer: _____

Date: _____

(Please print clearly!)

1. What attracted you to this agency? What would you like to get out of this experience?
2. How did you hear about this volunteering opportunity?
3. Where have you volunteered before? How was that experience?
4. What is your greatest strength? How does it help you when you volunteer?
5. What kind of environment do you thrive in? Are you involved in other organized activities?
6. What is your understanding of the children served at DCCH?
7. What types of children do you think you would work best with (ex: m/f, younger/older)? Are there any behaviors that you would be uncomfortable dealing with?
8. Name 3 things you think a child needs?
9. Are your family & significant others supportive of you volunteering?
10. How much time would you like to volunteer?

VIRTUS Training Instructions

VIRTUS is the brand name that provides a variety of training platforms for organizations within the Catholic church. Since DCCH is affiliated with the Diocese of Covington, our staff and volunteers are required to attend an initial in-person training, and then complete a monthly “bulletin” sent via email as on-going education.

Protecting God’s Children™ is the platform on VIRTUS which applies to DCCH and it identifies best practices programs designed to help prevent wrongdoing and promote "right-doing" within organizations. The programs empower organizations and people to better control risk and improve the lives of all those who interact with the organization. This training program is comprehensive and multi-dimensional, incorporating proven best practice standards for the prevention of child sexual abuse and other wrongdoing by employees, volunteers, and others who interact with children within the environment. The training is conducted by certified facilitators on the prevention of child sexual abuse and makes participants aware of the signs of child sexual abuse, the methods and means by which offenders commit abuse, and five easy steps one can use to prevent and better respond to child sexual abuse.

YOU WILL BE REQUIRED TO COMPLETE VIRTUS TRAINING prior to starting your volunteer experience for those applicants 18 years of age or older.

VIRTUS REGISTRATION INSTRUCTIONS:

1. Go to the Virtus website at Virtus.org
2. Click on First Time Registrant (on left-hand side of home page).
3. Click Begin the Registration Process.
4. In the Dropdown you will be asked to select your Archdiocese/Diocese/Religious Organization, you will select Covington, KY (Diocese).
5. Now you will create a user ID and password – be sure to write this down because you will need to sign in monthly to do your bulletin to stay certified with Virtus, which is a requirement to volunteer at our organization.
6. Fill out your information and click continue.
7. You will be asked to select your primary location, select Diocesan Catholic Children’s Home (DCCH) in Fort Mitchell and click continue.
8. Answer YES or No question.
9. Select Volunteer on this page and type in your volunteer role at DCCH, for example, mentor, tutor, equine, HALO, YP Group, etc. Then click continue, on the next page you don’t have to select any, just click continue.

10. Answer three Questions and click continue, read and confirm you've read the PDFs on the following pages by clicking the button on each page.

11. Answer the question, "Have you already attended a VIRTUS Protecting God's Children Session?" By clicking No and this will take you to a page to sign up for an upcoming class. Select the class you want to attend and click complete registration. The next page will ask you to complete a background check, DO NOT DO IT, we provide you with a form for our own for background checks and we pay for it. When completing the background check forms in this packet, please return directly to DCCH and we will submit the forms with payment.

If you have any questions, please don't hesitate to contact Amy Pelicano at apelicano@dcchcenter.org or (859) 331-2040 Ext. 8534.

Thank you for committing to protecting the children in our care!

2017 Edition

of the
DIOCESE OF COVINGTON
Creating a Safe Environment/Addressing Sexual Misconduct

Acceptance Form

I have reviewed the Diocese of Covington's Policies and Procedures for Addressing Sexual Misconduct. I understand and agree to abide by such Policies and Procedures. I understand that I have access to a copy at www.covdio.org/safe-environment/ under parish/school leaders or volunteers/parents.

Name (please print) _____
(Full First) (Full Middle) (Full Last)

Maiden Name: _____ Role in Diocese: _____

My position is: ___ Volunteer ___ Paid Position _____

Parish/School/Institution/Agency _____

City _____

I have filled out the Application Form, signed it and left it with the **primary** parish, school or institution where I wish to volunteer or be employed. (This is usually your parish.)

I will register at www.virtus.org and sign up for a VIRTUS training session. I understand that I will be expected to read bulletins online monthly after my training session is finished and my paperwork is processed.

NOTE: If you have already signed up for or attended a live training session, please list the place and date:

Signature _____ Date _____

For Coordinator Use:
Background Check Submitted:
Acceptance Form sent:
Submitted by:

**DCCH Center for Children & Families
Background Bureau of Investigation Form**

(Please print clearly)

LAST NAME □□□□□□□□□□	FIRST NAME □□□□□□□□□□	MIDDLE NAME □□□□□□□□□□	SOC.SEC# □□□□□□□□□□
PRESENT ADDRESS: STREET ADDRESS _____ CITY,ST,ZIP _____ County _____ Yrs _____			
PRIOR ADDRESS: STREET ADDRESS _____ CITY,ST,ZIP _____ County _____ Yrs _____			
OTHER PRIOR NOTE: Year of birth used for identification only			
County(ies): _____ ST _____ ST _____		FULL DATE OF BIRTH: ____/____/____/ CITY,ST _____	
DRIVER LICENSE # □□□□□□□□□□ STATE: □□ OTHER NAMES USED _____			

COLLEGE _____ City/St _____ Years Completed _____ Degree? _____
HIGH SCHOOL _____ City/St _____ Last grade completed _____ Graduate? _____
Degrees/Licenses _____ From where: _____ Year earned: _____

LIST ALL CONVICTIONS INCLUDING TRAFFIC (Indicate "M" for misdemeanor or "F" for felony)

YR.	NATURE OF OFFENSE	RESOLUTION	WHERE (CITY/ST/COUNTY)	M or F	OTHERS:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NOTE: USE REVERSE SIDE IF MORE ROOM NEEDED.

Prior Employers: NAME	City/St	Phone #	Supervisor	From	To
1. _____	_____	() _____	_____	____/____/____	____/____/____
Your Position: _____	Earnings: _____	Reason left: _____			
2. _____	_____	() _____	_____	____/____/____	____/____/____
Your Position: _____	Earnings: _____	Reason left: _____			

I hereby authorize the release to Background Bureau, Inc., (BBI) an independent pre-employment screening agency, of any information held by any parties regarding my prior employment, criminal, credit, driving, workers comp. and educational history as well as information regarding my general character and reputation. I release any providers of such information from any liability for providing same. I understand the information may be reviewed initially and periodically by BBI and reported to my prospective/actual employer. I agree falsification may make me ineligible for employment or subject to immediate dismissal, if hired. I further acknowledge that BBI is relying on third party information and I therefore release BBI, my prospective employer, and their respective owners, officers, agents and employees from any and all liability arising out of errors or omissions. If not hired, I understand I do have certain rights under FCRA laws.

Signed: _____ Date: _____

COVER SHEET (EMPLOYER USE ONLY) Fax: (859) 781-5888 Email: bbi@one.net call: (800) 854-3990 or (859) 781-3400

Client: **DCCH Center for Children & Families**

From: **Amy Pelicano** Phone: **859.331.2040 X8534** Email: **apelicano@dchcenter.org**

<input type="checkbox"/> NEW HIRE Identichack, State check, Child Abuse Registry, KY Pretrial Services <input type="checkbox"/> Add'l. State as applicable	<input type="checkbox"/> VOLUNTEER Repeat for maiden name
<input type="checkbox"/> FOSTER CARE Identichack, State check, Child Abuse Registry, Credit, KY Pretrial Services <input type="checkbox"/> Add'l. State as applicable	<input type="checkbox"/> Repeat for maiden name

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 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 CLEARLY and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(First) (Middle) (Maiden) (Last)

Gender: _____ 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.



DCCH PAYS FOR BACKGROUND CHECKS SO RETURN ORIGINAL COPY TO DCCH!

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 the information needed, I may be subject to prosecution for fraud.

PRINTED NAME of the Individual Submitting to the Child Abuse or Neglect Check

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

Date

Signature of 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 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.

EMPLOYER/AGENCY: DCCH Center for Children & Families

PHONE: (859) 331-2040

ADDRESS: 75 Orphanage Road CITY: Fort Mitchell STATE: KY ZIP CODE: 41017

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 _____



75 Orphanage Road, Fort Mitchell, KY 41017

Volunteer Reference Form

Volunteer Applicant: _____

The above-mentioned applicant has applied to this agency to act as a volunteer for one of our children. This may include such things as outings and overnight home visits. You have been given as a character reference. We would appreciate your help in evaluating this person's potential as a volunteer. All statements will be held **STRICTLY** confidential. To aid us in evaluating this candidate, would you please fill out the questionnaire and return it to us at the address above. **THANK YOU** in advance for your cooperation.

Your Name: _____ *(Please Print)*

Your Contact Information: Phone # _____ **Email** _____

How long have you known the applicant? _____

What is your relationship with the applicant? _____

How would you describe them? _____

How do they usually handle problems or emotional situations? _____

What makes him or her a good role model? _____

Can you think of anything else that might be helpful in evaluating this candidate? _____

Signature: _____

Date: _____



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What makes him or her a good role model? _____

Can you think of anything else that might be helpful in evaluating this candidate? _____

Signature: _____

Date: _____



75 Orphanage Road, Fort Mitchell, KY 41017

Volunteer Agreement & Release of Liability

By signing this form, I understand and agree to the following terms and conditions related to volunteering my services to:

DCCH Center for Children and Families

Volunteer Name/Address: _____

- I recognize that, as a volunteer, I represent **DCCH** to the public. I accept this responsibility and will conduct myself in a professional and ethical manner. I will respect the rights, dignity, self-worth, uniqueness, and cultural heritage of each child in my care thus, enhancing feelings of pride in the positive values of their unique backgrounds.
- I will work to maintain a nurturing environment and an atmosphere of physical and emotional safety. I will work to understand the trauma history of the children. I will respect and have reverence for all personal boundaries, thus improving the therapeutic relationship which is a critical component of the child's care helping them achieve full potential.
- I will make every reasonable effort to attend trainings that would assist me in my volunteer experience. I understand I am required to attend **Virtus Training** (Protecting God's Children) as a **prerequisite** to volunteering. I also understand that I will be required to complete monthly and quarterly on-line training bulletins to remain in good standing and that if I do not complete these to remain in good standing my volunteer experience will be terminated. **Please Initial here:** _____
- I agree to maintain the confidentiality of all children, staff, and volunteers about whom I have personal and identifying information. I will keep **ALL** written and verbal communication concerning my child whether obtained directly or indirectly **STRICTLY CONFIDENTIAL** and in accordance with HIPAA* regulations. I will not seek information regarding my child unless that information is necessary for the completion of my work. **Please initial here:** _____
- I agree to honor the commitment length and frequency of service that I make to the DCCH. I will be punctual and conscientious in fulfillment of my duties. I agree to provide as much advance-notice as is possible if I will be absent from my scheduled time by contacting my supervisor or case manager. I agree to update my personal and emergency information as changes occur. **Please initial here:** _____
- I attest that I have been completely forthcoming in disclosing all criminal offenses and motor vehicle violations through the background check process and that if I am charged or adjudicated with criminal offenses that I will immediately report those to the appropriate DCCH staff. **Please Initial here:** _____
- I am aware that, as a volunteer, I expose myself to potential hazards which include but are not limited to: accidents, injuries, property damage, automobile accidents, falls etc. I fully understand these possibilities associated with volunteering and hereby agree to accept all risks. **Please initial here:** _____
- I agree that my assignees, heirs, guardians, and other legal representatives will not sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, volunteer contractor, or volunteer of the organization because of my participation as a volunteer. I hereby release DCCH from all actions, claims, or demands that I, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer. **Please initial here:** _____
- If my volunteer service includes driving an automobile, I acknowledge that I have both a valid driver's license and automobile liability insurance policy as required by law and will maintain them in good standing for my tenure at DCCH. I agree to abide by **ALL** local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances. I also agree to notify DCCH if I receive any moving violations while operating a motor vehicle. I understand that some infractions may result in the termination of my volunteer experience. **Please Initial here:** _____

And in return for your service: DCCH will offer you the opportunity to volunteer regardless of ethnicity, creed, gender, age, physical ability, or sexual orientation. You will be carefully interviewed and appropriately matched to a meaningful assignment. You will be given adequate supervision and evaluations to enable you to successfully complete your assignment. You will be asked for input for planning and evaluating the volunteer program. And DCCH will show its appreciation for your service in various ways throughout the year.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will. *More information on HIPAA (Health Insurance Portability & Accountability Act) is available upon request.

Volunteer/Guardian Signature

Date

Witness Signature

Date



DCCH Center for Children & Families
75 Orphanage Road
Fort Mitchell, KY 41017
(859) 331-2040

PHOTOGRAPH/MEDIA CONSENT AND RELEASE

I hereby consent and authorize an employee or agent of DCCH (*Diocesan Catholic Children's Home*) Center for Children & Families (DCCH) to take photographs or motion pictures of me; or to produce videotapes, audiotapes, closed circuit television programs, web casts, or other types of media productions that capture my name, voice, and/or image (any of the foregoing types of media are called the "Materials" in this Consent and Release form).

I authorize DCCH to copyright the Materials, and I authorize DCCH to use, reuse, copy, publish, display, exhibit, reproduce, license to third party, and distribute the Materials in any educational or promotional materials or other forms of media, which may include, but are not limited to publications, catalogs, articles, magazines, recruiting brochures, websites or publications, electronic or otherwise, without notifying me.

I also agree that DCCH may identify me by name and affiliation to DCCH.
If you do not wish to be identified by name, etc., please cross through this sentence and initial here: _____

I agree that I am participating on a voluntary basis and have/will not receive any payment from DCCH for signing this release or resulting from any publication of the Materials.

I represent that I am at least 18 years of age, or if not, that I have secured the signature of my parent or legal guardian.

Print Name

Date

Signature

Signature of Parent/Legal Guardian

For additional information or questions please contact:

Amy Pelicano
Development Director
(859) 331-2040, Ext. 8534
(513) 518-4257
apelicano@dcchcenter.org