

Volunteer and Leader Application - Category 2 University of Kentucky Cooperative Extension Service

Kentucky Cooperative Extension Service (CES) takes seriously its obligation to provide a safe environment for all people. This application allows Extension Personnel the opportunity to know volunteers better, along with clearly communicating expectations of the volunteer role. The information provided will be used for the purpose of completing background checks.

I. GENERAL INFORMATION

Name: _____
(FIRST) (MIDDLE) (LAST)

Maiden/Alias Name: _____ From (MM/YR): _____ To (MM/YR): _____

Maiden/Alias Name: _____ From (MM/YR): _____ To (MM/YR): _____
add additional pages if needed

Date of Birth: _____

Social Security Number: _____

Biological Sex: ☐Female ☐Male

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

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

Phone Primary: _____ Secondary: _____

Email: _____

Seven Year Address History

Current Mailing Address

(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

From (MM/YR): _____ To (MM/YR): _____

Residential Address (If different from above)

(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

Previous Address If current residence is less than 7 years

(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

From (MM/YR): _____ To (MM/YR): _____ (add additional pages if needed)

Cooperative
Extension Service

Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis 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, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating. Lexington, KY 40506



Disabilities
accommodated
with prior notification.

I certify that all the details above and in "General Information" (Section I) are true and correct.

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.

Volunteer Signature

Date

SIGN HERE

II. EMERGENCY CONTACT INFORMATION

Name: _____
(FIRST) (MIDDLE) (LAST)

Email: _____

Phone: Primary: _____ **Secondary:** _____

III. VOLUNTEER/LIFE EXPERIENCES

Did your volunteer experience include working with vulnerable audiences*? ☐ Yes ☐ No

**Vulnerable audiences include, but are not limited to: youth, home-bound, physically, mentally or emotionally challenged, disadvantaged, and underprivileged.*

Please explain: _____

Have you previously worked with, or volunteered with Extension? ☐ Yes ☐ No

Extension staff member with whom you have worked (if applicable):

Name: _____ Phone: _____ State: _____

Previous Volunteer Experience (List current or most recent experience first)

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

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

IV. PERSONAL REFERENCES

List two people, 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, ideally, one reference should be from that youth organization. Please include complete address and phone number.

1. Name: _____

Cell phone: _____ Other phone: _____

Email: _____

Address: _____

How do you know this person? _____

2. Name: _____

Cell phone: _____ Other phone: _____

Email: _____

Address: _____

How do you know this person? _____

I authorize the contact of the references listed above. _____

Volunteer Initial

Date

INITIAL HERE

V. ACKNOWLEDGEMENT, AUTHORIZATION, RELEASE, AND WAIVER

Acknowledgement of Policies - I understand that all University Policies are subject to change in the University's sole discretion and that it is my responsibility to stay informed about and comply with the current University Policies. 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 Martin-Gatton College of Agriculture, Food and Environment, in which USDA, the University of Kentucky, Kentucky State University, and all Kentucky counties share. I understand that this document is not a contract, that volunteers are not employees of the University, that volunteers serve at the will of the University and that my volunteer status can be discontinued at any time for any reason or no reason, in the sole discretion of the University with or without prior notice.

I acknowledge that the University of Kentucky is an equal opportunity institution and agree to abide by the University equal opportunity policies and will not discriminate on the basis of any protected class. I understand and agree to comply with all policies of the University of Kentucky Cooperative Extension Service and the United States Department of Agriculture.

I have read, understand and agree to fulfill the purpose and responsibilities of this volunteer position and further agree to accept guidance and direction from the University. I will notify the supervising professional if I am no longer interested in serving.

(continued next page)

V. ACKNOWLEDGEMENT, AUTHORIZATION, RELEASE, AND WAIVER

(CONTINUED)

Background Check Authorization - I understand and agree that successful completion of a background and sex offender check including a state and national criminal background check, and Child Abuse and Neglect Registry check showing no findings of substantiated child abuse or neglect found through a background check of child abuse and neglect records, and a successful motor vehicle records check (collectively "background checks") is required. I understand and agree that the University may obtain these background checks on me and that these background checks may be updated periodically by the University in its sole discretion during my volunteer role and that successful completion of these background checks is required. I further understand and agree that the University in its sole discretion will determine what constitutes a successful background check. I hereby authorize the University of Kentucky to obtain these background checks for purposes of determining my eligibility to volunteer with the University of Kentucky Cooperative Extension Service and agree they may be updated without requiring further notice to or authorization by me.

I understand that the University of Kentucky will pay for all necessary background checks (criminal record check, sex offender check, and child abuse and neglect registry check)

Driver's License – I understand and agree that my driver's license will be used for background checks and agree for a copy to be made by the Extension office and retained with this application.

Media Release - I am eighteen (18) years of age or over, and hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the UK Alumni Association, UK Athletics Association, and UK Research Foundation, to interview, photograph, and/or videotape me; and/or to supervise any others who may do the interview, photography, and/or videotaping; and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation: UK Educational Publications/Videos; UK Electronics Publishing (e.g., World Wide Web); UK Promotion/advertising; Local/Regional/National News Media (with permission of UK.)

☐ I permit _____ (Initial)

INITIAL HERE

Waiver – I hereby assume any and all risks associated with this volunteer position and expressly waive, release, discharge and hold harmless, the University of Kentucky, its trustees, directors, officers, agents, employees and assigns from and against any and all liability for loss, damage, injury, illness or claim of any nature whatsoever, however caused, arising out of, in association with, or related in any way to my volunteer role.

I have read, understand and agree to the above:

SIGN HERE

Volunteer Signature

Date

IV. KY CES EXPECTATIONS FOR VOLUNTEERS

Trust is placed in the Kentucky Cooperative Extension Service (CES) to provide quality leadership and care for individuals participating in our programs. The opportunity to volunteer is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. These expectations for volunteers guide their involvement in KY CES activities.

The purpose of these expectations for volunteers is to ensure the safety and well-being of all participants (i.e., youth, their parents and families, volunteers and paid staff). KY CES volunteers are expected to function within the guidelines of UK CES.

As an Extension Volunteer:

- I will represent Kentucky CES to youth and adults by conducting myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, and demonstrating appropriate conflict resolution skills.
- I will abide by all applicable laws, UK and CES rules, policies, and guidelines. This includes, but is not limited to, policies and procedures related to: child abuse, fiscal management procedures and substance abuse.
- I will accept supervision and support from Extension staff or approved volunteers.
- I will participate in orientation and on-going volunteer education and development, including client protection standards.
- I will not consume or allow others to use alcohol or illegal drugs by immediately reporting use while at any KY CES function.
- If I have been designated as a volunteer authorized to transport others, I will, when transporting others, operate vehicles and equipment in a safe and reliable manner and only with a valid operator's license. I will comply with all vehicular regulations and laws. All passengers will be secured by properly operating seat belts. I have the minimum vehicle insurance coverage required by the Commonwealth of KY. I will promptly notify the University of any change to my motor vehicle record (i.e., traffic violations, DUI, suspension, etc.)
- I will promote and support the vision, mission, and values of Kentucky CES and its programs.
- I will conduct myself in a manner that is in the best interest of youth, adults and CES and will not use the volunteer position for purposes of personal gain.
- If working with animals, I will treat them humanely and support appropriate animal care and management.
- I will use technology (including social media) appropriately, reflecting best practices in youth development, according to University policy, including the use of images.
- I will not practice, condone, tolerate, or allow bullying, hazing, harassment, or malicious pranks.
- I understand that this is a volunteer position. I serve at the will of the University and may be discontinued at any time, for any reason or no reason, with or without prior notification in the sole discretion of the University.
- I understand that I will be asked to sign a volunteer position description(s) provided by the county extension office specific to my volunteer role(s).
- I will ensure that educational programs of KY CES serve all people regardless of economic or social status and will not discriminate. Visit the University website to view the University Non-Discrimination Statement.

I have read, understand, and agree to abide by these expectations for volunteers.

SIGN HERE

Volunteer Signature

Date

Signature of Supervisor or Volunteer

Date



Disclosure Regarding Volunteer Background Report

The University of Kentucky may obtain from Sterling Volunteers, 4511 Rockside Road, 4th Floor, Independence, OH 44131, 855-326-1820 Option 3, www.sterlingvolunteers.com, a consumer report ("REPORT") that contains background information about you in connection with your volunteer position. If you are onboarded in a volunteer position, to the extent permitted by law, the University of Kentucky may obtain from Sterling Volunteers further reports throughout your volunteer position 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 (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; 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, former employers and educational institutions, and other sources.

SIGN HERE

Signature: _____ Date: _____

Authorization to Obtain Volunteer Background Report

I have read the Disclosure Regarding Volunteer Background Report provided by University of Kentucky and this Authorization to Obtain Volunteer Background Report. By my signature below, I hereby consent to the preparation by Sterling Volunteers, a consumer reporting agency located at 4511 Rockside Road, 4th Floor, Independence, OH 44131, 855-326-1820 Option 3, www.sterlingvolunteers.com, of background reports regarding me and the release of such reports to the University of Kentucky and its designated representatives, to assist the University of Kentucky in making a volunteer position decision involving me at any time after receipt of this authorization and throughout my volunteer position, 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, or employer to furnish any and all information regarding me to Sterling Volunteers and/or the University of Kentucky itself, and authorize Sterling Volunteers to provide such information to the University of Kentucky. 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."

SIGN HERE

Signature: _____ Date: _____

Print Name: _____

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. 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 you are requesting this check due to it being required for an out of state employer, please include the statutory or regulatory authority for that state that requires the check be completed.

If none of the above categories are applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request.

If a regulation or statute is not listed, your request will be cancelled and no refund will be issued.

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/individual taxpayer ID, passport, work ID, or birth certificate):

If you are under the age of 18, you MUST upload a parental consent form.

NAME: _____
(first) (middle) (maiden/nickname/other) (last)

Sex: ____ Race: _____ Date of Birth: _____

Social Security/Individual Taxpayer Identification #: _____

Date of Initial Hire/Volunteer Start Date: _____

Current Address: _____
City State Zip Code

Living at the current address longer than 5 years? ☐ Yes (please list below) ☐ No

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code



CENTRAL REGISTRY CHECK

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Use another sheet of paper, if necessary.

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 _____

SIGN HERE

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** _____

Motor Vehicle Record (MVR) Release and Information Form

UK Risk Management
306 Peterson Service Building
Lexington, KY 40506-0005
Phone: (859) 257-3708

Services provided by:
Underwriter's Safety & Claims
Phone: (502) 244-1343

Please attach scan of Drivers'
License.

Department Information:

UK Department: _____ Department Number: _____

Supervisor/Contact: _____ Supervisor/Contact Phone: _____

Driver Information: ☐ Employee ☐ Volunteer for _____ County ☐ Other: _____

Name: _____ Work Phone: _____
(Exactly as it appears on Drivers' license)

Address: _____ City: _____ ST: _____ Zip: _____

Sex: _____ Date of Birth: _____ County: _____

Drivers License Number: _____ State: _____

Years Driving Experience Yrs.: _____ Mos.: _____

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information and agree to hold harmless, the University of Kentucky, its Board of Trustees, officers, employees, agents, and representatives from any liability and/or responsibility for doing so. I hereby give consent to the University of Kentucky to obtain such information from Underwriter's Safety & Claims and/or any of their agents. This authorization and consent shall be valid in an original, fax, copy or electronic form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Failure to provide all information requested may result in a delay of University of Kentucky driving privileges.

Driver's Signature: X _____ Date: _____

SIGN HERE

For Internal Use Only:

Email completed forms to Eunice Ausby in UK Risk Management at: Eausby@uky.edu

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