

Volunteer Application Criminal Justices Services

Youth Services

330 Northeast Industrial Lane

Lawrence, KS 66044, USA



For use in Douglas County, KS

Please fill out this form and leave at the Youth Services facility.

Volunteer Orientation Form

Full Name

Street Address

City

State

Postal Code

Birth Date

Social Security Number

Position/Title

Job Description

Name sent to KDHE on this date

Health Certificate

TB Test

Training Procedure

Initials

Initials

Date Completed

Abuse and Neglect Reporting Procedure

Day School / Resident Manual Provided

Drug Free Workplace

Confidentiality Agreement

Emergency Procedures

Training Record Reviewed By

Licensing Worker

Personal Information

Full Name _____

Phone Number _____ Email Address _____

Social Security Number _____ Date of Birth _____ Birthplace _____

Home Address

Street Address _____

City _____ State _____ Postal Code _____

Previous Address

Street Address _____

City _____ State _____ Postal Code _____

Type of Volunteer Service

Tutoring Chaplain Intern Other _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you over 18 years old? Yes No

Are you capable of performing with or without reasonable accommodations, the essential functions of the job for which you have applied? Yes No

Are you a U.S. citizen or are you authorized by the INS to work in this country? Yes No

Have you ever been convicted of a felony? Conviction will not necessarily disqualify an applicant. Yes No

Do you have a valid Kansas driver's license? Yes No

Driver's License Number _____

Class of CDL Designation _____

On what date would you be available to start?

Abuse/Neglect Orientation Form

I, _____, have read the provisions of Douglas County Youth Services with respect to my responsibility for reporting suspected child abuse/neglect and sexual abuse/sexual exploitation and discussed it with the following:

Administrator or Designee

I understand my responsibility for reporting the incidents of suspected abuse/neglect and sexual abuse/neglect exploitation. I understand the responsibilities outlined in the volunteer manual of Douglas County Youth Services.

Volunteer Signature

Date

Witness Signature

Date

Confidentiality Agreement

I understand and agree that in the performance of my duties as a volunteer at Douglas County Department of Youth Services, I must hold in strictest confidence any observations I may make or hear regarding clients, client families, or staff.

Volunteer Signature

Date

Witness Signature

Date

Security Procedure Agreement

I, _____, have received, read, understand and agree to abide by the provisions of the Douglas County Department of Youth Services Volunteer Conduct and Security Procedures outlined in the volunteer manual.

Volunteer Signature

Date

Witness Signature

Date

Drug and Alcohol Use Agreement

I, _____, have read the Douglas County Department of Youth Services Volunteer Manual and agree to abide by the conduct rules pertaining to the use of drug and/or alcohol as is outlined in the manual.

Volunteer Signature

Date

Witness Signature

Date

Volunteer Agreement

The intent of the agreement is to assure you both of our deep appreciation of your services and to indicate our commitment to making your volunteer experience here a productive and rewarding one.

Douglas County Department of Youth Services

The Douglas County Department of Youth Services agrees to accept the services of _____ beginning _____,

and we commit to the following:

- 1) To provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of their position.
- 2) To ensure diligent supervisory aid to the volunteer and to provide feedback on performance.
- 3) To respect the skills, dignity and individual needs of the volunteer, and to do our best to adjust to these individual requirements.
- 4) To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
- 5) To treat the volunteer as an equal partner with agency staff, jointly responsible for completion of the agency mission.

Volunteer

I, _____, agree to serve as a volunteer and commit to the following:

- 1) To perform my volunteer duties to the best of my ability.
- 2) To adhere to agency security procedures, mandatory reporting requirements and confidentiality of agency and client information.
- 3) To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made.
- 4) To adhere to the agency's dress code as described in the orientation manual.
- 5) I agree not to be under the influence of drugs or alcohol as described in the Volunteer Manual.

Agreement

Volunteer Signature

Date

Witness Signature

Date

Volunteer Evaluation

Volunteer Name

Organization

Position

Intern

Chaplain

Volunteer

Other

The evaluation of the volunteer's performance will be completed by the Program Coordinator.

Volunteers will be evaluated after the initial month of volunteering and annually thereafter.

Quality of Work

Dependability

Job Knowledge

Initiative

Communication

Work Relationships

Judgement/Decision Making

Security

Evaluator Comments

Evaluator Signature

Date

Authorization to Release Information

It is Douglas County policy to investigate the criminal history record history on employees, volunteers, and final candidates for positions that perform duties within the offices of criminal justice agencies. This release form will not be part of the employment application and will be filed separately from the application. The information this form contains will not be used to make the employment decision, except in the case of refusal to authorize the investigation.

I hereby request and authorize Douglas County to conduct a criminal investigation and driving record investigation using the information I have provided below. I release Douglas County, its officers, employees, successors, and assigns from any liability that may result from the conduct of such investigation. To facilitate the investigation, I willingly provide the following information.

Name

Date of Birth

Maiden Name (if applicable)

Race

Social Security Number

Contact Information

Street Address

City

State

Zip

Telephone Number

Email Address

Applicant Signature

Date

After completing this form, please insert the form in the envelope provided. Seal and return it to the Department of Youth Services using the address shown at the top of this document.

Office Use Only

Department: Criminal Justice Services – Youth Services

Position: Volunteer

CRI Code: C

Agency ORI: KS023013C

Authorization:

Security Awareness Acknowledgement

In the carrying out of this agency's mission, sensitive information is collected that includes, but is not limited to:

Criminal Justice Information, which consists of Criminal History Record Information (CHRI) and Personally Identifiable Information (PII) which can be used to distinguish or trace an individual's identity, such as name, social security number, or biometric records, alone or when combined with other personal or identifying information which is linkable to a specific individual, such as date and place of birth, or mother's maiden name.

Other sensitive information related to the agency's operations include investigations, security procedures, operational plans, human resource, and financial records, etc.

Your authorizations to access this agency's non-public facilities, information systems, and records is based on the concepts of "need to know" and "Least privilege". That is access is determined by what your job's role(s) and functionalities are within the agency.

It is the intent of the agency to provide you with access to the resources you need to perform your role's assigned tasks. It is *not in the interest of the agency or personnel to attempt access to physical areas, media, information systems, etc. beyond that needed for your role.*

It is *everyone's* responsibility to ensure the protection of information used in the operations of this agency. Any sensitive information, whether on an official agency report, computer screen, printout, storage device or media, etc. must be protected.

All personnel granted unescorted access to the facilities and information systems where sensitive information is processed must be aware of security principles relative to their level of access to include but not limited to agency procedures for reporting suspicious activities and physical anomalies.

Your signature below certifies that you:

- 1) Have completed awareness training based on your agency roles and responsibilities.
- 2) Are aware of agency security standards and procedures and agree to abide by them.
- 3) Understand that attempts to circumvent controls to prevent unauthorized access, or the disclosure of any information seen, heard, or otherwise obtained through your association with this agency to anyone outside of this agency is prohibited except when authorized by appropriate agency management as necessary for the administration of criminal justice or for criminal justice employment.

4) Violation of agency policies and procedures and misuse or disclosure of CJI and other sensitive information may result in disciplinary action, including immediate dismissal, civil and criminal penalties including significant fines and confinement as provided in KSA 22-4707(c); 28 CFR 20.25, 28 CFR 85.5, and other federal and state laws and regulations.

Associate Signature

Printed Name

Agency Name

Date