



LEXINGTON LEADERSHIP FOUNDATION

FATHERHOOD INITIATIVE

Application for Volunteers

First Name:		Middle Name:		Last Name:		Date of Birth:		
Home Address:			City:		County:		State:	Zip:
Email:		Home Ph #:		Work Ph #:		Cell Ph #:		
Social Security #:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:		Marital Status:		Highest Level of Education:		
Employer:			Occupation:					
Address:			City:			State:	Zip:	
Can We Contact You At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Hours:		How Long Employed:				

Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	State of issue and #		Expiration date:
Do you have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain the particulars (offense, date, location, circumstance and outcome) of such record:			

REFERENCES

Please list (3) references who have known you longer than one year and preferably can speak to your skills and abilities to communicate information and lead others in a group setting. Please print their name, telephone numbers (daytime, cell, etc.), e-mail and relationship to you. **Do not include more than one family member.**

1. Name:	Phone #:	E-mail or Other#:	Relationship:	
Address:		City:	State:	Zip:
2. Name:	Phone #:	E-mail or Other#:	Relationship:	
Address:		City:	State:	Zip:
3. Name:	Phone #:	E-mail or Other#:	Relationship:	
Address:		City:	State:	Zip:

ADDITIONAL PERSONAL INFORMATION

Do you have any experience facilitating small groups? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
What, if any, other organizations have you worked for or been involved with as a volunteer?
How did you hear about our program?
List any groups, associations, churches, or other community organizations you are involved with
Do you speak any other languages?

AVAILABILITY

Please mark with an **X** what days and times you are available to volunteer.

Available	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

I understand that:

- 1) The references I listed may be contacted by mail, e-mail, telephone;
- 2) I am in no way obligated to perform any volunteer services;
- 3) The information I provided may be used to conduct a background check, to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with *Fatherhood Initiative*;
- 4) *Fatherhood Initiative* is not obligated to select me as a volunteer; I understand that *Fatherhood Initiative* is not obligated to provide a reason for their decision in accepting or rejecting me as a volunteer facilitator.
- 5) Other organizations where I have worked or volunteered may be contacted as references; and,
- 6) As part of the enrollment processes, I will be asked to provide additional personal information prior to any recommendations for assignment (such as a valid driver's license or ID).

By signing below, I attest to the truthfulness of all information listed on this application and agree to the above terms and conditions.

Volunteer's Signature

Date

Confidentiality Policy

Fatherhood Initiative respects the confidentiality of client and volunteer records and, with the exception of situations listed below, shares information about clients and volunteers only among the agency professional staff.

All records are considered the property of the agency and not the agency workers or clients or volunteers themselves. Records are not available for review by the clients or volunteers.

1. Information will be released to other individuals or non-Fatherhood Initiative organizations only with the client or volunteer's written consent.
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials unless the clients or volunteer request otherwise.
3. Members of the Board of Directors or evaluators appointed by the Board have access to client files upon authorization of the Board of Directors.
4. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
5. Information shall be provided to an agency's legal counsel in the event litigation or potential litigation involving the agency.
6. State law mandates that suspected child abuse be reported to the Kentucky Department for Health and Human Services.

7. If an agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or report to the local law enforcement authorities.

I agree to program participation under the above conditions. I further agree that I will not share identifying confidential information with anyone outside the agency, including family, friends, or community members, without the written consent of the persons involved (Fatherhood Initiative participant, or any other volunteer). I also acknowledge that such information should be shared judiciously even within the ranks of Fatherhood Initiative only with persons who have a specific need to know the information, and only in situations where others would not overhear such communication.

Volunteer's Signature

Date

PERMISSION AND RELEASE OF LIABILITY FOR VOLUNTEER PARTICIPATION

I, _____, am a volunteer for _____ . I accept liability to participate in programs conducted by Lexington Leadership Foundation, including Fatherhood Initiative. I understand that Lexington Leadership Foundation is not obligated to place me in a volunteer position and that, as part of the enrollment process, I might be asked to provide additional personal information. If I am placed in a volunteer position, I agree to fully commit to my obligations my match and immediately report any concerns I might have to the Fatherhood Initiative staff.

I understand that although the activities will be supervised by staff and approved volunteers, I do assume the risk for my participation in the program. Participation in any specific activity is always voluntary for volunteers.

I acknowledge that I will not seek to hold Lexington Leadership Foundation liable in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of participation in this program. This release of liability includes accident, injury, loss, or damages to the student, as well as, to other individuals or property which may result from my participation. I hereby release and agree to hold harmless Lexington Leadership Foundation, its officials, agents and employees, from any claims arising out of my participation in the program. I have read and understand and accept all of the statements above and accept full responsibility as described.

Volunteer's Signature

Date

Application Disclosure and Release

Read and complete the following:

1. In connection with my application for volunteer work, I understand that an investigative criminal, sex-offender and motor vehicle report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination for past employment. I understand that as directed by company policy and consistent with the position described, you may be requesting information from public and private sources about my: driving record, credentials, criminal history records and references.
2. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
3. By my signature below, I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, and school, employer, reference or insurance company contacted by Lexington Leadership Foundation to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print your **full name** above

Please print **other names** you have used above

Dates used

Present address _____ City _____ State & Zip Code _____
How long at this address? _____

Second prior address _____ City _____ County _____ State & Zip Code _____
How long at this address? _____
_____ - _____ - _____ / _____ / _____

If there are any other addresses from the past 3 years please list _____

Social Security Number

Date of birth

Name as it appears on license or ID: _____

Driver's License or ID#: _____ **State:** _____

Signature

Today's Date

Fatherhood Initiative Statement of Agreement

Fatherhood Initiative appreciates your interest in becoming a volunteer.

Please initial each of the following:

_____ I agree to follow all Fatherhood Initiative program guidelines and understand that any violation will result in suspension and/or termination of the volunteer relationship.

_____ I understand that my photo may be used in Lexington Leadership Foundation publicity and I grant such permission.

_____ I have or I will provided valid photocopies of my driver's license or ID (see below).

Volunteer's Signature

Date

Attach copy of valid driver's license and current auto insurance card below: