



900 W. Broadway | PO Box 210 | Newton, KS 67114
855.260.HOPE | emberhope.org

VOLUNTEER APPLICATION

Please complete this volunteer application in its entirety.

Personal Information

Date of Application:	Date of Availability:	Shirt Size:
First, Middle, and Last Name		Email Address
Address (Street or P.O. Box, City, State, Zip)		
Phone (Please Indicate Type)		
<input type="checkbox"/> Cell _____ <input type="checkbox"/> Home _____		
<input type="checkbox"/> Alternative _____ <input type="checkbox"/> Best Time To Reach You: _____		

Volunteer Placement Desired

<input type="checkbox"/> Resource Room	<input type="checkbox"/> Office Support	<input type="checkbox"/> Mentor/Tutor	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Volunteer - Group	<input type="checkbox"/> Driver	<input type="checkbox"/> Other: _____	

Special Skills and Interests

Preferred Schedule and Availability

Volunteer Requirements

Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
If offered a volunteer opportunity, you may be required to take a post-offer drug test. A positive test constitutes grounds for denial of volunteer placement. Do you consent to take a post offer drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No
EmberHope Youthville is a smoke free campus. Will you comply with our "no-smoking" policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are applying for a volunteer position that requires transportation of clients or utilization of a fleet vehicle, we must check your motor vehicle record for insurance purposes. If you have three (3) or more minor violations or one (1) or more moderate moving violations in the last three (3) years and/or a DUI/DWI on your record, (either a conviction or a diversion), this may disqualify you from a position that requires transportation of clients or driving fleet vehicles.
Do you meet our driving requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's license #: _____ State: _____
See the EmberHope Youthville disclosure and release to obtain a consumer report forms for more information.

Emergency Contact Information

Name: _____ Relationship: _____
Phone: _____ Secondary Phone: _____
List any allergies, special needs, physical limitations, or health conditions that would be helpful to know.

References *(Minimum of two references required)*

Name & Title/Occupation	Relationship	Years Known	Address, City, & State	Phone & E-mail Address

How Did You Hear About Us?

<input type="checkbox"/> EmberHope Youthville Employee - Name _____ <input type="checkbox"/> Social Media
<input type="checkbox"/> Walk-In <input type="checkbox"/> Career Fair <input type="checkbox"/> Relative <input type="checkbox"/> Government Agency <input type="checkbox"/> Other: _____

Photo and Story Release

Yes, I give EmberHope Youthville my permission to use my written story, photographs, video recordings, and/or statements in the nature of testimonials or explanations in community education awareness activities and in connection with EmberHope Youthville campaigns, including but not limited to news coverage of events at EmberHope Youthville, educational brochures, publications, public service announcements, direct mail campaigns, audio/visual presentations, and for staff education and training purposes. I authorize this with the understanding that participation is voluntary and that my refusal will not affect me at EmberHope Youthville. The pictures and/or statements are to be and will remain the sole property of EmberHope Youthville and may be used for any honorable and lawful purposes in promoting or explaining an EmberHope Youthville service without compensation being made to myself. I further understand that I may revoke my permission in writing at any time without penalty. This authorization will remain in effect unless revoked in writing.

Confidentiality Policy

Recognizing that a child welfare agency deals with extremely sensitive matters, I will consider as CONFIDENTIAL all information with which I come in contact directly or indirectly concerning the clients in care or their families. I will scrupulously protect the confidential nature of all conversations, records, reports and meetings where material relative to client and client families is processed or written. Business affairs including isolated and /or detailed operating statistics and financial data are considered confidential. I will not release any confidential material or information unless I have been given departmental Chief approval. I will not give any verbal or written references for current or former clients without prior departmental Chief approval.

Signature of Applicant _____ Date: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at a volunteer placement decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer relationship with this organization is of an "at will" nature, which means that the volunteer may stop at any time and that EmberHope Youthville may terminate my placement at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of volunteer placement, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand, also, that I am required to abide by all rules and regulations of EmberHope Youthville.

Signature of Applicant _____ Date: _____

Kansas Law Requirements

Kansas Law requires EmberHope Youthville to make certain determinations about all volunteers' past involvement with the legal system. If applicable, check the specific offense(s) of which you were either convicted, adjudicated, pled nolo contendere, and /or entered into a diversion agreement; and, next to the offense indicate the date, state in which it occurred, and include county and jurisdiction of the conviction in which it occurred. Attach additional pages if needed for your response.

- | | | |
|---|---|---|
| <input type="checkbox"/> Abandonment of a child | <input type="checkbox"/> Criminal sodomy | <input type="checkbox"/> Murder |
| <input type="checkbox"/> Abuse of a child | <input type="checkbox"/> Criminal threat | <input type="checkbox"/> Murder in the first degree |
| <input type="checkbox"/> Aggravated abandonment of a child | <input type="checkbox"/> Disclosure of income tax return | <input type="checkbox"/> Murder in the second degree |
| <input type="checkbox"/> Aggravated assault | <input type="checkbox"/> Domestic battery | <input type="checkbox"/> Nonsupport of a child or spouse |
| <input type="checkbox"/> Aggravated assault or battery of a law enforcement officer | <input type="checkbox"/> Electronic Solicitation | <input type="checkbox"/> Permitting a dangerous animal to be at large |
| <input type="checkbox"/> Aggravated battery | <input type="checkbox"/> Endangering a child | <input type="checkbox"/> Promoting obscenity |
| <input type="checkbox"/> Aggravated criminal sodomy | <input type="checkbox"/> Exposing another to a life threatening communicable disease | <input type="checkbox"/> Promoting obscenity to minors |
| <input type="checkbox"/> Aggravated criminal threat | <input type="checkbox"/> Furnishing alcohol/liquor to a minor | <input type="checkbox"/> Promoting or permitting hazing |
| <input type="checkbox"/> Aggravated endangering a child | <input type="checkbox"/> Furtherance of terrorism or use of weapons of mass destruction | <input type="checkbox"/> Promoting prostitution |
| <input type="checkbox"/> Aggravated incest | <input type="checkbox"/> Illegal use of weapons of mass destruction | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Aggravated indecent liberties with a child | <input type="checkbox"/> Incest | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Aggravated interference with parental custody | <input type="checkbox"/> Indecent liberties with a child | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Aggravated juvenile delinquency | <input type="checkbox"/> Indecent solicitation of a child | <input type="checkbox"/> Sexual battery |
| <input type="checkbox"/> Aggravated kidnapping | <input type="checkbox"/> Information of others for commercial purposes | <input type="checkbox"/> Sexual exploitation of a child |
| <input type="checkbox"/> Aggravated robbery | <input type="checkbox"/> Injury to a pregnant woman | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Aggravated trafficking | <input type="checkbox"/> Injury to a pregnant woman by vehicle | <input type="checkbox"/> Terrorism |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Interference with custody of a committed person | <input type="checkbox"/> Trafficking |
| <input type="checkbox"/> Assault of a law enforcement officer | <input type="checkbox"/> Interference with parental custody | <input type="checkbox"/> Unlawful administration of a substance |
| <input type="checkbox"/> Assisting suicide | <input type="checkbox"/> Involuntary manslaughter | <input type="checkbox"/> Unlawfully hosting minors consuming alcoholic liquor or cereal malt beverage |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Involuntary manslaughter while driving under the influence of alcohol or drugs | <input type="checkbox"/> Unlawful interference with a fire fighter |
| <input type="checkbox"/> Battery against a law enforcement officer | <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Unlawful interference with an emergency medical services attendant |
| <input type="checkbox"/> Battery against a mental health employee | <input type="checkbox"/> Lewd and lascivious behavior | <input type="checkbox"/> Unlawful sexual relations |
| <input type="checkbox"/> Battery against a school employee | <input type="checkbox"/> Manslaughter | <input type="checkbox"/> Unlawful voluntary sexual relations |
| <input type="checkbox"/> Bigamy | <input type="checkbox"/> Mistreatment of a confined person | <input type="checkbox"/> Vehicular homicide |
| <input type="checkbox"/> Blackmail | <input type="checkbox"/> Mistreatment of a dependent adult | <input type="checkbox"/> Voluntary manslaughter |
| <input type="checkbox"/> Capital murder | | |
| <input type="checkbox"/> Contributing to a child's misconduct | | |
| <input type="checkbox"/> Criminal restraint | | |

1. Have you ever been convicted of an attempt to commit any of the offenses listed above? Yes No

2. Do you have a charge pending against you of any of the offenses listed above, in any state, county, or other jurisdiction? Yes No

3. Have you ever committed an act of physical, mental or emotional abuse or neglect or sexual abuse as defined by the Department of Social and Rehabilitation Services and, a) have failed to successfully complete a corrective action plan which had been deemed appropriate and approved by the Department of Social and Rehabilitation Services, or b) the record has not been expunged pursuant to rules and regulations adopted by the Secretary of Social and Rehabilitation Services? Yes No

4. Have you had a child declared in a court order in this or any other state to be deprived, or a child in need of care based on an allegation of physical, mental or emotional abuse or neglect, or sexual abuse? Yes No

5. Have you had your parental rights terminated pursuant to Kansas law, or the law of another state? Yes No

6. Have you ever been adjudicated a juvenile offender because of having committed any of the offenses listed above, or any felony crime against a person? Yes No

7. Have you ever been convicted of a crime against a person? Yes No

8. Have you ever been convicted of a felony violation of the Uniform Controlled Substances Act including but not limited to possession or sale of any opiates, opium, narcotic drugs, prohibited stimulants or depressants, or hallucinogenic drugs? Yes No

9. Have you ever signed a diversion agreement pursuant to K.S.A.22-2906 or 38-1635, involving a charge of child abuse or a sexual offense?
 Yes No

If your answer to any of the above questions is 'yes' please give details on a separate page, including the date of the charge, act, conviction, court order, or diversion agreement referenced, and the state, county, or other jurisdiction in which the event or order occurred.