

Home of the Innocents' Volunteer Program

Home of the Innocents enriches lives of children and families with hope, health, and happiness. The Home provides skilled care to children who are medically complex, youth and teens from our residential and emergency shelter program who have experienced abuse, abandonment, and/or neglect, and children and families from the community in need of support.

Volunteers play a role in strengthening Home of the Innocents as a non-profit child and family focused agency by playing an instrumental role, supporting the Home's team members in all areas of the organization. We appreciate your interest in wanting to be that support.

Please review the following information in its entirety before submitting an application. Due to the sensitive and confidential nature of our services, we conduct a thorough application, training, and placement process on all who wish to participate in our volunteer program. We appreciate your understanding and patience of this process, which can take 6-8 weeks to complete, however is in place for the safety of those we serve. We will communicate with you regarding the status of your application throughout this process. Please note, the Home is prohibited from offering court mandated service hours.

Steps to become a Home of the Innocents' volunteer:

- ☐ Review volunteer opportunities listed in this packet and indicate what interests you the most.
- ☐ Complete and submit the enclosed volunteer application.
- ☐ Acknowledgement of receiving application will be sent via email to applicant. If the application is incomplete, it will be returned with a letter of explanation.
- ☐ Discussion of volunteer opportunity to take place. Once determined and proven to be a good fit for both the volunteer and the agency, the application process begins.
- ☐ Personal references listed on the application contacted (via mail or e-mail).
- ☐ Criminal background check and Child Abuse and Neglect Registry Check processed at no cost to the applicant. **(DO NOT send in the \$10 fee indicated on the form. The Home absorbs that cost)**
- ☐ Email of approval is sent to applicant (pending favorable reference and background checks).
- ☐ If training is required, applicant will be notified of upcoming dates and given the opportunity to sign up.
- ☐ Those working in direct contact with those we serve are required to have a Tuberculin (TB) Skin Test and flu shot during flu season, both administered by a Home of the Innocents registered nurse at no cost to the applicant during training.

Again, we appreciate your interest in supporting the Home. If you have questions, please email volunteerservices@homeoftheinnocents.org or call (502) 596-1031.

Please submit completed application by mail, email or fax to:
Home of the Innocents / Volunteer Services
1100 East Market Street
Louisville, KY 40206
volunteerservices@homeoftheinnocents.org / 502-596-1416 (fax)

Adult Volunteer Application

Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Date of Birth _____ Email Address _____
Current Employer _____
Spouse's Name _____ Spouse's Employer _____

Education/Training

Circle Highest Grade Completed: High School 9 10 11 12 GED College 1 2 3 4 Graduate 1 2 3 4
College/School of Training _____
Major or Course _____ Degree _____

Emergency Contact

Name _____ Relationship _____
Address _____
Day Phone _____ Evening Phone _____ Cell Phone _____

Authorization for Criminal Background Check

I authorize for Home of the Innocents to run a criminal background check through the Administrative Office of the Courts: Signature: _____ Date: _____

Have you ever received a traffic violation? ____ If so, please provide an explanation: _____

Have you ever been charged with a misdemeanor or criminal offense? ____ If so, please provide an explanation: _____

Have you ever been convicted of a misdemeanor or criminal offense? ____ If so, please provide an explanation: _____

(A charge or conviction does not necessarily eliminate a placement. The nature of the offense and the amount of time since the offense will be considered in the approval process. Give all facts so an appropriate decision can be made. Use additional sheets if necessary.)

Previous/Current Volunteer Experience (attach an additional sheet if necessary)

Organization _____ Dates Served _____
Organization _____ Dates Served _____

Please of confidentiality

I hereby pledge that I shall safeguard and treat as CONFIDENTIAL all information (whether acquired through verbal communication, written record, or observation) pertaining to any resident patient, relative or friend of any resident or patient, staff member, or volunteer of Home of the Innocents, which I may through my affiliation with the Home, so acquire.

I have read and understand the foregoing pledge of confidentiality.

Signature _____ Date _____
Name _____

Personal References

Provide three personal references (excluding relatives) that you have known for at least one year and can attest to your character, skills and dependability. Please provide complete information on each person; not doing so can significantly delay the processing of your application.

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Special Skills/Hobbies/Interest

- | | | |
|--|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Field Trips | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Aerobics/Dance | <input type="checkbox"/> Finance/Budget | <input type="checkbox"/> Physical Fitness |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Poetry/Writing |
| <input type="checkbox"/> Attorney/Legal | <input type="checkbox"/> Gardening/Landscaping | <input type="checkbox"/> Public Speaking/Speaker's Bureau |
| <input type="checkbox"/> Board Games/Puzzles | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Board/Committee Member | <input type="checkbox"/> Hair Stylist | <input type="checkbox"/> Resume Writing |
| <input type="checkbox"/> Book Club/Discussion | <input type="checkbox"/> Health Professional | <input type="checkbox"/> Scrapbooking |
| <input type="checkbox"/> Child Advocate | <input type="checkbox"/> Holidays (decorating, gift wrapping, etc.) | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Hospital Visitor | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Interviewing Tips | <input type="checkbox"/> Sports (Teach/Play sport with residents) |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Jewelry Making | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Light maintenance | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Dress for Success | <input type="checkbox"/> Make-up/Hair, etc. | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Environmental Services/Cleaning | <input type="checkbox"/> Music | |
| | <input type="checkbox"/> Parenting Skills | |

Utilizing the attached volunteer opportunities, please list that which is of most interest to you.

Volunteer Opportunities

Support Volunteering

Administrative Volunteer

Administrative volunteers provide support through filing, copying, labeling, stuffing envelopes, assembling packets, keying data in software programs, and other clerical duties. Departments primarily supported consist of Human Resources, Finance, Payroll, Development, Foster Care Program, and Social Services. Available to those 18 and older.

Volunteer Shifts: Weekdays between 9:00am – 5:00pm; Days/times/frequency at discretion of the volunteer.

Maintenance Volunteer

Volunteers with basic handy person skills support the Home's maintenance team with general campus repairs. Projects consist of paint touch ups, shelving installations, light bulb replacements, and other light general maintenance needs. Available to those 18 and older.

Volunteer Shifts: Weekdays between 9:00am – 5:00pm; Days/times/frequency at discretion of the volunteer.

Donations Volunteer

Volunteers sort and organize donations stored in our warehouse. These donations are used for the children and families served by our programs. In some instances, they come to us with just the clothes on their backs. Keeping items stocked and organized is imperative so staff can quickly grab items needed throughout their time in our care. Available to junior volunteers ages 13-17 or those 18 and older.

Volunteer Shifts: Weekdays between 9:00am – 5:00pm; Days/times/frequency at discretion of the volunteer.

Kitchen/M Meal Server Volunteer

The Home's dietary and nutrition department provides meals to the children residing in Residential Services or Kosair Charities Pediatric Convalescent Center. Volunteers serve meals in a cafeteria setting. Available to those 18 and older.

Lunch serving volunteer: 7 days a week 11:15am – 1:15pm

Dinner serving volunteer: 7 days a week 4:45pm – 6:30pm

Kosair Charities Pediatric Convalescent Center (KCPCC) Volunteering

The KCPCC is a skilled nursing facility, providing short-term, long-term, and respite care for children from birth to age 21. We care for children who face significant medical, developmental, and physical disabilities, many of whom require ventilator support. Each child receives individualized care from our team of experienced physicians, nurses, and therapists.

KCPCC Activities Volunteer

Along with round-the-clock primary care, therapy programs, and attending school, residents enjoy a variety of activities such as community outings, swimming, art projects, and music therapy. Volunteers play a vital role helping during these fun activities. Available to junior volunteers ages 13-17 and those 18 and older.

Volunteer Shifts: A monthly activities calendar provided at training.

KCPCC Companion Volunteer

When residents are not on outings or taking part in special activities, like any child, they get bored. Volunteers serve as companions and friends to children by providing one to one time through reading, playing games, and visiting. Available to those 18 and older.

Volunteer shifts: *Created based on each individual resident's needs.*

KCPCC Tutor Volunteer

Volunteers assist residents with homework and other learning skills. This includes site words, reading, hand writing, and more. Available to those 18 and older.

Volunteer Shifts: *Monday through Thursday between 6:00pm – 8:00pm.*

Residential Services Volunteering

The Home's Residential Services cares for children who have been abused, neglected, or abandoned. We provide kids with a safe environment where they receive individual treatment plans, including the latest in one-on-one therapies. Beyond treatment, our residents attend school, go on field trips, share in household chores, play video games, and hang out in the backyard. They live life like any other kid.

Tutor Volunteer

When not attending school, residents benefit from tutoring on subjects such as reading, spelling, math, science, and social studies. Available to those 21 and older.

Volunteer Shifts: *Monday through Thursday from 3:30pm – 5:00pm or after 6:30pm.*

Hobby Volunteer

Volunteers lead various activities with kids. Activities are the kid's actual hobby interests consisting of cooking non-baked goods (no access to stove or oven, but there is a microwave), planting or caring for flowers, arts and crafts, scrap booking, painting, DIY creations, and exercising. Volunteers responsible for leading activity as well as supplying primary materials. Available to those 21 and older.

Volunteer Shifts: *Saturday or Sunday, once or twice a month.*

Pregnant and Parenting Teen Program Volunteer

Volunteers assist team members with child care for infants and toddlers of teen parents residing at the Home, making it possible for the teens to attend school, group sessions, therapies, and appointments. Available to those 21 and older.

Volunteer Shifts: *Monday through Friday during school hours (8:30am – 2:30pm).*

Hair Stylist Volunteer

Hair stylists volunteer their services to cut hair for the kids. With over 70 plus kids, that's a lot of haircuts! Working on a rotating schedule, we are able to meet the hair care needs of our kids to ensure their look makes them feel their best. Available to those 21 and older.

Volunteer Shifts: *After school, evenings, and weekends; scheduled at the volunteer's discretion. A set schedule can be created.*

Community Services Volunteering

The Home supports the community by providing various services for children and families not living at the Home. The following volunteer opportunities take place on the Home's campus:

Parents Acquiring Skills and Strengths (PASS) Volunteer

PASS helps parents with the goal of preventing child abuse and neglect. Educating parents to break the cycle can prevent such incidents while making for a healthier home environment. This 12 week training session offers parent education, support groups, and self-help. Volunteers help with meal prep and/or assist staff with childcare for infant/toddler aged children making it possible for parents to attend these classes. Child care consists of helping with homework, playing puzzles and games, or interacting with children as they play, draw, and color. PASS takes place both Louisville, KY and New Albany, IN. Children are not always present at every session so scheduling is based on need. Available to those 18 and older. *Volunteer Shifts:* *Meal prep and clean up Monday through Thursday 5:30pm – 7:30pm (both locations) and child care Wednesday and Thursday 6:30pm – 8:30pm (Louisville); Wednesdays 6:30pm – 8:30pm (New Albany)*

Pathways HOME Program: Life Skills Volunteer

Life Skills is a support group offered to young adults served in our Pathways HOME program. These young adults are between the ages of 18 to 24, have children of their own, and come to us homeless. We provide the kind of care and education that can make a huge difference in young people's ability to care for themselves and their families. Life Skills consists of classes offered throughout the month focusing on career building or employment, budgeting, cooking, and over all basic life skills. Volunteers provide child care making it possible for parents to participate in the Life Skills program. Available to those 18 and older.

Volunteer Shifts: *Opportunity to volunteer during any of the four sessions offered monthly. Two evening sessions of 6:00pm – 7:30pm are offered the second and fourth Tuesday of the month. Two daytime sessions of 11:00am – 12:30pm are offered the second and fourth Thursday of the month. Special holiday and events to take place throughout the year.*

Open Arms Children's Health (OACH) Volunteering

OACH is a service of Home of the Innocents. Open to the public, our clinic meets the medical, dental, and behavioral needs of children, including those with special needs. With services under one roof, children can see a doctor, dentist, or behavioral health therapist simply walking from one room to another.

Cleaning and Sanitizing Volunteer

Volunteers keep toys, books, therapy equipment, and small tables and chairs used by children clean for all we serve. This allows team members time to tend to each of their patients, feeling confident that all is clean and up to standards for each and every client served. Available to junior volunteers ages 13-17 and those 18 and older.

Volunteer Shifts: *Weekdays between 9:00am – 5:00pm; Days/times/frequency at discretion of the volunteer.*

Book Organize and Inventory Volunteer

A large initiative of OACH is reading, therefore books are available for clients thanks to donations received. These books are kept on shelves throughout the entire three story clinic. Volunteers keep these shelves stocked and take inventory of what is needed to ensure we get more books from donations to keep the shelves full. Available to junior volunteers ages 13-17 or those 18 and older.

Volunteer Shifts: Weekdays between 9:00am – 5:00pm; Days/times/frequency at discretion of the volunteer.

Food and Clothing Closet Volunteer

Many clients served at OACH are refugees going to their first doctor's appointment in the United States. Most come to us with just the clothes on their backs. The food and clothing closet stocked with donations supports these clients when they come through our doors. Volunteers organize, stock, and inventory needed items. Available to those 18 and older.

Volunteer Shifts: Weekdays between 9:00am – 5:00pm; Days/times/frequency at discretion of the volunteer.

Administrative Volunteer

Volunteers help prep new patient packets, copy and laminate activities used in therapy sessions, and support areas through general administrative tasks. Available to those 18 and older.

Volunteer Shifts: Weekdays between 9:00am – 5:00pm; Days/times/frequency at discretion of the volunteer.

To further determine the best fit for you and those we serve, please complete the following:

I would like to volunteer in direct contact with the clients/children Home of the Innocents serves.

- ☐ Yes
- ☐ No
- ☐ No preference

I would like to volunteer in a behind the scenes capacity like administrative duties or helping staff with donations.

- ☐ Yes
- ☐ No
- ☐ No preference

I am applying as part of a school requirement.

- ☐ Yes
- ☐ No

If yes, please detail requirements (hours, deadline, areas you must work, etc.)

Please list your available days and times you wish to volunteer as well as the frequency in which you wish to volunteer.

The next and last form is the Central Registry Check authorizing a child neglect and abuse record check.

1. Do not send in with a \$10 fee. The Home processes these for you and absorbs that cost.
2. Submit a clear copy of the front side only of your driver's license/ID.
3. Form must hand completed. Electronic signatures are not accepted.

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 (www.lrc.ky.gov). 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 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 and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

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

Sex: ____ Race: _____ Date of Birth: _____

Social Security/Individual Taxpayer Identification #: _____

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.

CENTRAL REGISTRY CHECK

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

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 _____