Home of the Innocents' Junior Volunteer Program

Thank you for your interest in volunteering with Home of the Innocents. Please review the following information prior to submitting an application. Individuals between the ages of 13 and 17 are eligible to apply and are permitted to volunteer in the following areas:

Kosair Charities Pediatric Convalescent Center (KCPCC)

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. Along with round-the-clock primary care, therapy programs, and attending school on or off-site, residents enjoy a variety of fun activities such as community outings, swimming, creating art projects, and music therapy. Junior Volunteers play a vital role helping during many of these fun activities.

<u>Volunteer Shifts:</u> A monthly activities calendar is provided at training consisting of day, evening and weekend opportunities.

Child Care Volunteers

Junior volunteers assist two programs; Pathways HOME and Therapeutic Loving Foster Care providing child care so the parents from each of these programs can attend support groupps and classes. These are two very fun and active programs where volunteers play and interact with other children making it possible for their parents to attend these important sessions.

<u>Volunteer Shifts:</u> The first and third Tuesday of each month from 5:30pm - 8:30pm. Times include set up and take down. Session is from 6:00pm - 8:00pm.

Facilities and Events

Junior volunteers lend a hand to team members who manage important behind the scenes efforts. Examples of these efforts are cleaning and sanitizing toys, replacing batteries in toys, sorting and organizing donations, and helping at fundraising events.

Volunteer Shifts: Efforts scheduled Monday through Friday between the hours of 9:00am - 5:00pm.

Collection Drives

Junior volunteers who wish to support the Home however have schedules prohibiting them to come on site, choose to do a collection drive. To learn how you can host a drive, please visit our website or contact outreach at outreach@homeoftheinnocents.org.

<u>Process to become a junior volunteer:</u>

Complete and submit the attached junior volunteer application.
Notification will be sent via email once the completed application is received by Volunteer Services.
Personal references listed on the volunteer application will be contacted (relatives may not be used.)
Notification of application process being approved and completed sent via email.
Applicants will be required to attend volunteer training & receive TB test.

Volunteers have the opportunity at training to discuss specific assignments, scheduling, etc.

If you have questions, please contact 502-596-1031 or volunteerservices@homeofheinnocents.org.

Again, thank you for your interest in becoming a junior volunteer for Home of the Innocents!

Junior Volunteer Applic	cation		
Name			
Street Address			Zip
City		State	Zip
Home Phone	Cell Phone	<u> </u>	
Date of Birth	Email Address		
School		C	Grade
Hobbies Skills Special Int	Aracte		
If you are interested in apprindicate the specific hobby	olying your hobbies, skills or sp y, skill and/or special interest:	pecial interests in y	your volunteer role at the Home, please
Long Term (1 year or least Seasonal/Short Term	rence regarding the length/pur onger) – on an ongoing basis, (example: during school month equirement (Beta Club, Honor S	1 to 2 times per m ns only, summer o	onth
Parent/Guardian Informat	tion		
Name		Relationship	
Home Phone	Cell Phone		
Work Phone			_
<u></u>			
Personal References			
at least one year and can a	attest to your character, skills, a	and dependability	<u>relatives</u>) whom you have known for
Street Address			
City		State	Zip
Phone Number	Email Address	<u> </u>	Zip
Stroot Address		Relationship	
City		Stato	7in
Phone Number	Email Address	State	Zip
	Liliali Address		
Pledge of Confidentiality			
verbal communication, writany resident or patient, state affiliation with the Home, s	tten record, or observation) pe iff member, or volunteer of Ho	rtaining to any resome of the Innocer	
Signature of Applicant			 Date

Return this application to: Home of the Innocents **Volunteer Services** 1100 E. Market Street

Tuberculin Skin Test Consent Form

Junior Volunteer Signature _____ Date _____

This signed consent form must accompany your volunteer application. If you have had a TB test administered during the past 90 days, please send a copy of the results along with the application.