



PURCHASE AREA
Sexual Assault
Child Advocacy
CENTER
hope. heal. grow.

PO Box 8506
Paducah, KY 42002

Office: (270) 534-4422
www.hopehealgrow.org

Dear Prospective Volunteer:

Thank you for expressing an interest in volunteering for the Purchase Area Sexual Assault & Child Advocacy Center. We simply could not provide the quality of services our clients deserve without the support of community partners like you. Volunteer opportunities include, but are not limited to, managing PASAC's 24-hour crisis line, accompanying survivors at area emergency rooms, participating in fundraisers, and participating in community education initiatives. We encourage you to participate in the activities that best meet your interests and skills.

Enclosed you will find our volunteer application packet. The following documents are included in this packet:

- Volunteer Application
- DCBS Central Registry Background Check
- KY Courts Background Check
- Volunteer Confidentiality Agreement
- Volunteer Memorandum of Understanding
- Volunteer Policy Statement (for your records)
- Volunteer Waiver and Release of Liability
- PASAC Conflict of Interest Policy and Declaration

Please complete the forms attached. Note that fees associated to the two background checks will be paid and remitted to the appropriate agency by PASAC. Once completed, these forms may be mailed to us at the address listed above, faxed to (270) 534-4409, emailed to me (Amanda Harris), or you may hand deliver them during the office hours of 9:00 a.m. to 5:00 p.m. to our office.

We look forward to the opportunity of serving with you!

Sincerely,

Amanda Harris
Family Advocate
aharris@pasacky.org

PURCHASE AREA SEXUAL ASSAULT & CHILD ADVOCACY CENTER

APPLICATION FOR VOLUNTEERS

Please mail to the following address:

PASAC
P.O. Box 8506
PADUCAH, KY 42002

Date of Application _____

Name _____ Date of Birth _____

Home Address _____

City _____ Zip _____

Place of Employment _____

Home Phone _____ Work _____

Cell Phone _____

Email _____

Emergency Contact Name _____ Phone _____

Education and/or Experience

Why would you like to volunteer at the PASAC?

How often are you available to volunteer?

When would you be able to begin volunteering? _____

What skills, training, or knowledge do you wish to utilize in your volunteer work?

Do you have your own transportation? _____

Service Information:

What services are you interested in providing? (check all that apply)

Direct Services

_____ Crisis Line (crisis intervention, information & referral)

_____ Medical Advocacy (meet victim in emergency room)

_____ Legal Advocacy (accompany victim to police or court)

Indirect Services

_____ Speakers' Bureau (presenting educational programs to school, church, and civic groups)

_____ Office/Clerical

_____ Fund Raising

Have you or someone you know ever been a victim or sexual assault? _____

If yes, describe the effect this experience had on you or the person you know.

What skills or personal traits do you have that you feel would contribute to your work as a volunteer? _____

What personal traits do you have that you feel would be a limitation in dealing with victims of rape or incest? _____

As a volunteer working the crisis line you may be needed at late hours. Do you feel this would create a problem? _____

Have you ever been charged or convicted of a felony? Yes No

Please list 2 references. Make sure you are comfortable with them knowing your intentions, we do check the references.

1. Name _____
Address _____
City _____ State _____ Zip _____
Phone _____

2. Name _____
Address _____
City _____ State _____ Zip _____
Phone _____

All volunteers providing direct service to victims must complete the 40 hour training as required by Kentucky Association of Sexual Assault Programs. An interview will be scheduled at your convenience before beginning work with PASAC. The application interview is and will be kept strictly confidential.

By signing below, I hereby attest that the above information is true to the best of my knowledge.

Signature Date



(FOR STAFF USE ONLY)

Interview completed by _____ Date _____

Criminal records check completed? yes no Date _____

Comments _____

Volunteer Training Completed? yes no Date _____

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Protection and Permanency

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATIONS REQUIRE A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT. KENTUCKY ADMINISTRATIVE REGULATIONS MAY BE FOUND ON THE INTERNET AT <http://www.lrc.ky.gov/kar/titles.htm>. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

Day Care Related Categories

- Day Care Center Employee or Volunteer (Required by 922 KAR 2:090)
- Applicant for Day Care Center Licensure (Required by 922 KAR 2:090)
- Registered Child Care Provider Applicant (Required by 922 KAR 2:180)

Other Categories

- Foster/Adoption/Independent Living Agency Employee (Required by 922 KAR 1:310)
- Residential Child-Caring Facility Employee (Required by 922 KAR 1:300)
(Institution/Group Home/Emergency/Wilderness)
- IMPACT-PLUS Subcontractor (Required by 907 KAR 3:030)
- Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)

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):

Purchase Area Sexual Assault and Child Advocacy Center - KRS 17.165

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) (last)

Sex: ___ Race: _____ Date of Birth: _____ Social Security #: _____

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 check or money order made payable to the "Kentucky State Treasurer" 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. Mail check or money order to:

**The Cabinet for Health and Family Services
Department for Community Based Services
Records Management Section
275 East Main St., 3E-G
Frankfort, Kentucky 40621**

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and provide the results of the check 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

Witness Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet to disclose additional information regarding a substantiated 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.

NAME OF EMPLOYER/AGENCY: Purchase Area Sexual Assault and Child Advocacy Center

ADDRESS: 1605 N. Friendship Rd., P. O. 8506 **CITY:** Paducah

STATE: Kentucky **ZIP:** 42002-8506 **PHONE:** (270) 534-4422

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: _____

CHECK CONDUCTED ON _____ **BY** _____

**ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
100 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net**



The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a \$20.00 fee (**check or money order**). If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a \$20.00 fee (**check or money order**).

Government

Government entities must provide a tax exempt number for waiver of fees, contact person, phone number, and mailing address on their request.

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

*** ALL INFORMATION BELOW IS REQUIRED.**

Individual's Signature

Date

Tax Exempt Number

E-mail address (sent to this e-mail only)

Company

Telephone Number

Requestor/Contact Person

Please denote which purpose applies to this request:

Address

Employment

Criminal Investigation

Screening Housing Applicants

Volunteer/Care over Juvenile

Licensing

Other (please explain) _____

City, State, Zip

PURCHASE AREA SEXUAL ASSAULT & CHILD ADVOCACY CENTER

CONFIDENTIALITY AGREEMENT

I, _____, as a staff member/volunteer/student or para-professional for Purchase Area Sexual Assault & Child Advocacy Center recognize that all information concerning persons served by P.A.S.A.C. is confidential.

I do hereby agree to maintain confidentiality for any and all information (whether verbal, written or observed) limit discussion or dissemination of such information to staff members/volunteers of P.A.S.A.C. who appropriate interests(s) in the information.

I understand that violation of this agreement may result in termination. Furthermore, I realize that legal action may be taken against for violating this agreement.

Volunteer

Date

Crisis Response Specialist

Date

PURCHASE AREA SEXUAL ASSAULT & CHILD ADVOCACY CENTER

Memorandum of Understanding

Volunteers are at the core of PASAC's operations. While not paid staff employees, there are a number of commitments that PASAC makes to its volunteers and a number of commitments PASAC expects in return from its volunteer department. Those commitments are outlined below:

PASAC AGREES:

1. To provide a Crisis Response Specialist who will be responsible for recruiting, training, evaluating, and dismissing volunteers. This individual will be available for their assistance during working hours and will act as liaison between volunteers and staff.
2. To furnish a written Volunteer Manual which includes resource information, policy and procedure forms, and telephone numbers of key agency resources.
3. To assess the qualifications of each individual and to provide each volunteer with the opportunity to use their skills and interest to best support the mission of the agency.
4. To provide regularly scheduled and relevant training opportunities offered at a variety of times to meet the needs of volunteers.
5. To communicate volunteer service and training opportunities in a timely manner.
6. To provide crisis schedules to crisis responders in a timely fashion completed with input from responders regarding preferred dates of service.
7. To make objective evaluations of each volunteer's job performance at regular intervals and to provide assistance in increasing levels of competence if necessary.
8. To discuss and try to resolve any problems with performance with the volunteer prior to termination if reasons for dismissal occur.
9. To provide a written Grievance Procedure explaining appropriate action that may be taken to file a grievance.
10. To provide a written Confidentiality Agreement explaining confidentiality policy.
11. To provide job and character references for volunteers in search of employment.
12. To obtain written commitment for time volunteered.

THE VOLUNTEER AGREES:

- 1) To observe confidentiality as follows:
 - a. All forms, notes, and other written material concerning a client of the Purchase Area Sexual Assault & Children's Advocacy Center shall be kept in a confidential place and turned in to the office at the end of your crisis line shift
 - b. Confidential information will not be discussed with family, and/or friends of any client without the client's prior knowledge and written consent.
 - c. Remember—any information about the client, including acknowledgement that she/he is our client, is a breach of confidentiality.
 - d. Confidential information regarding client contacts shall be discussed only with agency personnel who have a legitimate need to know and only in places which assure privacy.
 - e. In the event of my withdrawal or resignation, I will keep confidential all information gained through my experience with the Purchase Area Sexual Assault & Child Advocacy Center.
- 2) To maintain a high standard of respect and dignity in all by dealings with the public and the authorities.
- 3) To maintain appropriate boundaries so as to not build dependent relationships with crisis callers.
- 4) To refrain from providing legal advice on phone of any nature.
- 5) To read, understand and agree to abide by the volunteer duties and responsibilities, policies, and procedures set forth by the agency.
- 6) To be prompt and reliable in fulfilling assignments I have accepted and to keep an accurate record of hours worked by using proper forms provided by the agency.
- 7) To notify the Crisis Response Specialist as early as possible if unable to fulfill volunteer assignment.
- 8) To attend orientation and training sessions and undertake continuing education as necessary to maintain competence.
- 9) To participate in required HIPAA training sessions as required by law.
- 10) To complete a minimum of (8) eight hours of continuing education annually.
- 11) To avoid entering into any agreements with third parties or assuming any responsibilities on behalf of the agency.

I understand that my Volunteer services may be suspended or dismissed when it is judged by the staff or the Purchase Area Sexual Assault & Child Advocacy Center that carrying out the duties of a volunteer is causing undue stress to myself. I further understand that I have no recourse to the above mentioned condition. I also understand that my volunteer services may be suspended or dismissed for any of the following reasons: Revealing confidential information, irresponsibility, use of drugs/alcohol on a shift and failure to meet acceptable standards of performance as defined in the Volunteer Manual of Policies and Procedures.

Volunteer Signature

Date

Crisis Response Specialist

Date

Executive Director

Date

PURCHASE AREA SEXUAL ASSAULT & CHILD ADVOCACY CENTER

VOLUNTEER POLICY STATEMENT

It is the policy of the Purchase Area Sexual Assault & Child Advocacy Center to provide volunteer opportunities to those who possess the necessary credentials and experience and complete the mandated training without regard to race, color, religion, national origin, sex, sexual orientation, age, disability, veteran or marital status.

ROLE OF THE VOLUNTEER VICTIM ADVOCATE

The primary role of the crisis intervention volunteer (or victim advocate) is to serve as a support person and source of information to the survivor. The victim advocate will be trained in crisis intervention skills and will be familiar with medical and court procedures.

VOLUNTEER WAIVER AND RELEASE OF LIABILITY
Purchase Area Sexual Assault & Child Advocacy Center (PASAC)

The volunteer hereby freely, voluntarily and without duress executes this release under the following terms:

1. **Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless PASAC and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's activities with PASAC. *Volunteer understands that this release discharges PASAC from any liability or claim with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's activities. Volunteer understands that PASAC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.*
2. **Medical Treatment.** Volunteer does hereby release and forever discharge PASAC from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's activities with PASAC
3. **Assumption of Risk.** The volunteer understands that the activities/work may be hazardous to the Volunteer, including, but not limited to construction, loading and unloading, and transportation to and from the work sites. *Volunteer hereby expressly and specifically assumes the risk of injury or harm and releases PASAC.*
4. **Insurance.** The volunteer understands that, except as otherwise agreed to by PASAC in writing, PASAC does not carry or maintain health, medical or disability insurance coverage for any Volunteer. *Each Volunteer is expected and encouraged to obtain their own medical or health insurance.*
5. **Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of Kentucky, and that this Release shall be governed by and interpreted in accordance with the laws of Kentucky. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this release which shall continue to be enforceable.
6. **Use of Image.** I hereby give to PASAC and its assignees, through photography, videography and all other forms of recording, the rights to acquire my likeness and image for purposes of promoting PASAC and volunteerism. PASAC shall have the continuing right to publish, or cause to be published, any such recording in the future without additional compensation to me or even without identification of me by name.

Date _____

Volunteer Name _____

If volunteer is 18 years of age or under, the parent or guardian must also sign below

Parent or Guardian _____

Witness _____

Purchase Area Sexual Assault and Child Advocacy Center Conflict of Interest Policy for Officers, Directors and Staff Members

No member of the PASAC Board of Directors or Staff shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation in the organization. Each individual shall disclose to the Center any personal interest which he or she may have in any matter pending before the organization and shall refrain from participation in any decision on such matter. Any member of the PASAC Board of Directors or Staff shall refrain from obtaining any list of the PASAC clients for personal or private solicitation purposes at any time during the term of their affiliation.

In addition to my service for PASAC, at this time I am a Board Member or Employee of the following organizations:

1. _____
2. _____
3. _____
4. _____
5. _____

This is to certify that I, except with regard to carrying out my duties as an officer, director, or staff member of PASAC or as described below am not now or at any time during the past year have been:

- A participant, directly or indirectly, in any arrangement, agreement, investment or other activity with any vendor, supplier, or other party doing business with PASAC which has resulted or could result in personal benefit to me.
- A recipient, directly or indirectly, of any salary payments or loans or gifts of any kind or any free service or discounts or other fees from or on behalf of any person or organization engaged in any transaction with PASAC.

Any exceptions to either statement above is stated below with a full description of the transactions and of the interest, whether direct or indirect, which I have (or have had during the past year) in the persons or organizations having transactions with PASAC.

There are no exceptions to the statements above.

There are exceptions to the statements above and they are explained in an attachment to this policy document.

Signed: _____ Date _____

Affiliation to PASAC: _____
(e.g. Board Member, Staff Member)