



Community Action of Southern Kentucky

AmeriCorps Seniors-RSVP

921 Beauty Avenue Bowling Green, KY 42101

Telephone: (270)782-3162 Fax: (270) 842-5735 E-mail Address: ljchaffin@casoky.org

VOLUNTEER APPLICATION FORM

Circle One

(Mr. Mrs. Ms.) _____ Date of Birth _____

Address _____ Phone No. _____

City _____ County _____ State _____ Zip Code _____

Email Address: _____

Highest educational grade level you completed? _____ Marital Status _____

Are you a Veteran? () Yes () No **Income Level** (Above or Below Poverty)

What is your racial group & ethnicity? _____

Service Available _____

Special training, skills or interests, i.e., languages, career experience, trades, etc. _____

Source of referral to RSVP: ___ Social Media ___ Family ___ Group/Networking Meeting
___ TV/Radio ___ Another volunteer ___ other _____

How would you prefer to be contacted? _____

What types of volunteer work are you interested in doing? Please refer to *Volunteer Assignment*

Description _____

I understand that travel reimbursements may be requested from the program.

Please indicate if you would prefer travel reimbursements () Yes** () No

****If you use your personal vehicle to transport yourself to a volunteer job, please provide a copy of your driver's license & automobile insurance and fill out below**:**

Driver's License State and Number: _____ Exp. Date: _____

Insurance Carrier _____ Insurance Exp. Date: _____

Policy Number _____

Do you have any active military family members? _____

SHIRT SIZE _____

Physical Limitations _____

I hereby name the following person as my beneficiary of the accidental life insurance provided by the AmeriCorps Seniors-RSVP:

(Mr., Mrs., Ms.) _____ Relationship: _____

Address: _____ Phone No. _____

Volunteer Social Security Number: ____ - ____ - ____

Please help us recruit others! We'd like to send her / him some information **without** obligation. Name of a friend or family member, age 55 or over, who may be a potential RSVP Volunteer:

Name: _____ Phone _____

I hereby declare the information provided by me in this application is true, correct and complete to the best of my knowledge.

I also, agree to abide by the Kentucky State Law concerning Driver's license and car insurance requirements.

I understand that by submitting this application, I am granting Community Action of Southern Kentucky, Inc. permission to investigate any of the information included in this application. I agree to cooperate in such investigation and release from all liability or responsibility all persons, organization, companies and corporations collecting and supplying such information.

Enrollee Signature: _____ Date: _____

RSVP Specialist/Manager: _____ Date: _____

RSVP Project Director: _____ Date: _____

In order to complete the application process, you must also complete the following forms, which are attached.

References (No Relatives Please)

<u>Name</u>	<u>Address/Email</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



AmeriCorps Seniors

Volunteer Assignment Description

Volunteer Name _____

Volunteer Station _____

I would like to volunteer in the following area:

- Home Meal Delivery Aide (HDM's)
- Commodities
- Food Pantry/Food Bank
- Emergency Food Distribution/Soup Kitchen
- Friendly Visitor
- Phone Pal
- Office Assistant/Intern/Program Admin Duties
- Referrals
- Medical Services
- Mentoring (Veterans)
- Coupon Clipping (for Veterans & Military Families)
- Transportation (Veterans)

Volunteer Signature _____

Date _____



ADULT EDUCATION

CHILDCARE

COMMUNITY SERVICES

FAMILY PRESERVATION

EMERGENCY FOOD/SHELTER

FOOD SERVICES

FOSTER GRANDPARENTS

HEAD START

HEATING ASSISTANCE

RSVP

SENIOR CENTERS

SUPPORTIVE HOUSING

TRANSPORTATION

WEATHERIZATION

921 Beauty Avenue
Bowling Green, KY
42101-9014
Ph. 270-782-3162
Fax 270-842-5735
www.casoky.org

Confidentiality Statement

Carla Brown
Executive Director

Employees and volunteers of Community Action of Southern Kentucky, Inc. must maintain strict confidentiality in regard to the clients, events, and activities which take place within the agency. Employees and volunteers are prohibited from discussing clients or client agency situations with anyone other than a Community Action supervisor unless it is for the purpose of providing services, and with proper authorization. Take particular caution of disclosure to family, friends or other agencies, and be aware of your surroundings when discussing clients. Any communication about specific agency matters must be cleared with his/her supervisor.

In addition, telephone messages or notes regarding clients are not to be left lying around in an open area. All messages should be processed and held in strict confidence. Keep all client records and/or documentation secured to the extent possible.

Certain information at the agency is subject to the Open Records Request. Written requests for that information shall be submitted to the Executive Director.

Any violation of the confidentiality policy may result in the termination of an employee/volunteer from the agency.

I understand & agree to hold all information obtained in the course of employment or volunteer service with Community Action in the strictest confidence.

Employee/Volunteer

Date

Equal Opportunity Employer



Background Investigation Consent & Reference Authorization Form

I, _____, hereby authorize Community Action of Southern Kentucky, Inc., and/or its agents to make an independent investigation of my background, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications to be an employee or volunteer now and, if applicable, during the tenure of my involvement as a volunteer or staff member with Community Action of Southern Kentucky, Inc. *(If applying for grant funded Senior Corps staff or FGP volunteer position, I further understand that: I am subject to National Sex Offender Registry, Kentucky Administrative Office of the Courts and FBI background checks. Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction or updating an FBI investigation record are set forth in Title 28, CFR, 16.34.)*

I respectfully request and authorize listed references to furnish Community Action of Southern Kentucky with any and all information they have concerning my previous educational or employment history.

I release Community Action of Southern Kentucky, Inc., and/or agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used. I understand this notice will also apply to any future update reports that may be requested.

Applicant/Employee Signature

Date

Printed Name _____

Street Address _____

City, State, Zip _____

VACCINATION INFORMATION



Name _____ Date _____

While our sponsor does not require a COVID-19 vaccine as a condition for acceptance into the AmeriCorps Seniors- RSVP, some stations and future potential stations might. To aid with your possible placement, please check below.

Please know there is no judgment regarding your decision; it is only a point of reference should we need to provide information to your site, or consider where you can be placed if such information is or is not required. This request is much like most typical request to know if you have been vaccinated against other diseases, such as Polio, Measles, Mumps, & Rubella (MMR), or Chickenpox and Smallpox, etc.

_____ I am fully vaccinated against COVID-19 and will show my vaccine card

_____ I do not plan to get vaccinated at this time





PHOTO RELEASE & CONSENT

I grant Community Action of Southern Kentucky, Inc. the right to use, publish, or reproduce, in any form, and give title or caption to all photographs made of me.

Permission is granted to use such photographs for publicity, advertising purposes, or in any other legitimate way. My consent is given with the knowledge that Community Action of Southern Kentucky, Inc. will incur expenses in connection with such photographs.

Name: _____

Address: _____

Phone Number: _____

Signature

Date

Witness

Date

**BARREN RIVER AREA DEVELOPMENT DISTRICT/
BARREN RIVER AREA AGENCY ON AGING
CONFIDENTIALITY/SECURITY AGREEMENT**

Name (Please Print)

I understand that I may be allowed access to confidential information and/or records in order that I may perform my specific job duties. I further understand and agree that I am not to disclose confidential information and/or records without the prior consent of my immediate supervisor, the Director of the Barren River Area Agency on Aging and/or the Executive Director of the Barren River Area Development District.

I understand that all computer passwords to access computer data are issued on an individual service provider basis. I further understand that I am solely responsible for all information obtained, through system access, using our agency's unique identification. At no time will I allow use of my password by any other person who has not be designated by the agency to input and access client data.

I understand that accessing or releasing confidential information and/or records, or causing confidential information and/or records to be accessed or released to myself, other individuals, clients, relatives, etc. outside the scope of my assigned job duties would constitute a violation of this agreement and may result in disciplinary action taken against me.

I understand and agree to the statements listed below:

- All records and reports, which directly or indirectly identify a client or former client of BRADD, are confidential.
- A general authorization for the release of medical or other information is not sufficient to authorize the release of tests and other information on the client pertaining to sexually transmitted diseases.
- No test results or information relating to human immunodeficiency virus/AIDS are to be disclosed to unauthorized persons.
- Treatment records of alcohol and drug abuse clients are confidential.
- Court records relating to hospitalization of the mentally ill are confidential.
- Court records relating to mental retardation admissions are confidential.
- The following types of information relating to Medicaid applicants and recipients are confidential:
 1. Names and addresses
 2. Medical services provided
 3. Social and economic conditions or circumstances
 4. Agency evaluation of personal information
 5. Medical data, including diagnosis and past history of disease or disability
 6. Any information received for verifying income eligibility and amount of medical assistance payments.
 7. Any information received in connection with the identification of legally liable

third party resources.

I understand that confidentiality may also protect other types of information, and that if in doubt as to confidentiality, I should not volunteer information before making certain that the information may be disclosed.

By affixing my signature to this document, I acknowledge that I have been apprised of the relevant laws, regulations, and policies concerning access, use, maintenance, and disclosure of confidential information and/or records which shall be made available to me through our agency's contract with the BRADD. I further agree that it is my responsibility to assure the confidentiality of all information that has been issued to me in confidence even after my employment with this agency has ended.

I have read the above and understand my responsibilities.

Employee Signature

VOLUNTEER

Title

Date

CASOKY-AmeriCorps Seniors-RSVP

Agency

Community Action of Southern Kentucky, Inc.

VOLUNTEER TRAINING LOG-AmeriCorps Seniors-RSVP



Volunteer Name: _____ Signature: _____

Date	Description of Training	Location	Hours
	HIPPA and Confidentiality		.5
	Blood Bourne Pathogens		.5
	Calibrating Probe & Digital Thermometers		.5
	The "Do's and Don'ts" of Using a Fire Extinguisher		.5
	Fire Emergency Procedures		.5
	Racial Equality, Cultural Diversity, & Poverty Mindset		.5
	Dementia & Alzheimer's Training		.5
	Food Safety Training		.5
	Driver Safety Training		.5
	Elder Abuse Training		.5
	RSVP Orientation		.75
	Station Orientation		.75

6.5 total training hrs.

DIRECT DEPOSIT AUTHORIZATION FORM FOR VOLUNTEERS

Community Action of Southern Kentucky, Inc. is pleased to offer direct deposit of volunteer reimbursements to the bank(s) and account(s) of your choice. To arrange for direct deposit:

___ Complete the volunteer portion of this form. All sections must be filled in.

___ Attach a voided personal check to this form to verify your bank account number and bank routing number. If you do not have a check, listing your routing and account number legibly will suffice.

___ Return the completed form to RSVP (email to ljchaffin@casoky.org, or mail to 921 Beauty Ave., Bowling Green, KY 42101. ATTN: Lindsey Chaffin

___ Your direct deposit should begin one pay period after we receive your completed form.

****NOTIFY RSVP IMMEDIATELY IF YOU CLOSE OR CHANGE BANK ACCOUNTS****

TO BE COMPLETED BY COMMUNITY ACTION EMPLOYEE

_____ New Enrollment _____ Change

I hereby authorize Community Action of Southern Kentucky, Inc. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name(s) below, hereinafter called depository, to credit and/or debit the same as such:

NAME: _____ - _____ - _____
(Please print your name as it appears on your account) (Social Security #) Vendor ID #

ACCOUNT TYPE: Checking Savings (circle the appropriate account)

BANK: _____ **TELEPHONE #:**(_____) _____ - _____
(Name)

ATTACH A VOIDED CHECK (OR SIMPLY LIST THE ROUTING AND ACCOUNT NUMBER)

ROUTING NUMBER: _____ **ACCOUNT NUMBER:** _____

The authority is to remain in full force and effect until the company has received written notification from me of its termination in such time and in such manner as to afford the company and depository a reasonable opportunity to act on it.

VOLUNTEER SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY PAYROLL/PURCHASING COORDINATOR

BANK#(s): _____ ; _____

PRENOTE DATE: _____ ; _____