

Driver's License No. _____

Insurance Co. _____ License Exp. Date _____

Are you aware that you will have to complete a volunteer orientation? _____

Will you be willing to participate in ongoing training and activities? _____

What are the strengths that you will bring to this program? _____

Have you had personal experience involving:

_____ Child Welfare

_____ Foster Care

_____ Juvenile Court

_____ Other Child Services

If so, explain: _____

Write a brief statement as to why you have chosen to volunteer at the SKW Children's Home: _____

What additional information would you like about the SKW Children's Home? _____

Please provide three references, including their addresses and phone numbers:

1. _____

2. _____

3. _____

My signature verifies that this information is accurate to the best of my knowledge.

Signature

Date

Office Use Only: _____ Beginning Date _____ Ending Date

SALLY KATE WINTERS' MEMORIAL CHILDREN'S HOME
PERMISSION FOR BACKGROUND CHECK

I give my permission for the Sally Kate Winters' Memorial Children's Home to conduct a screening with law enforcement, the Child Abuse Central Registry, previous employees and any other persons to determine my suitability in working with children. I understand that this permission is part of my application to work/volunteer at the Sally Kate Winters' Memorial Children's Home.

Name _____

Current Address _____

Permanent Address _____

Current Telephone _____

Date of Birth _____

Social Security Number _____

Signature

Date

SALLY KATE WINTERS' MEMORIAL CHILDREN'S HOME
DISCLOSURE OF INFORMATION FORM

Employees, volunteers, and interns should not at any time, directly or indirectly, communicate to any person or business of the SKW Children's Home. This includes its manner of operation, its plans, processes or other data without regard to whether all of the foregoing matters will be deemed confidential material or the successful conduct of the business of SKW Children's Home, unless an employee/volunteer is given that responsibility as a part of his/her job description of official duties. Any violation of this regulation shall be **grounds for dismissal**.

Employees, volunteers or interns shall not at any time, provide information concerning victims to any outside person or agency without the formal consent as discussed in Volunteer Training.

Former employees, volunteers, or interns are expected to maintain such confidentiality of information after the termination of the employment, volunteer contract or internship. The former employee, volunteer or intern shall not make or permit the making of any public announcement or statement relation to former duties or information unless such information is a matter of public knowledge. Nor shall said person photograph victims unless requested/approved by the Volunteer Coordinator or Executive Director.

Signature

Date

Witness