

### VOLUNTEER ORIENTATION FORM

VOLUNTEER'S NAME			
ADDRESS			
PHONE			
BIRTH DATE			
SOCIAL SECURITY NUMBER			
START DATE			
POSITION/TITLE			
VOLUNTEER LOCATION	330 Industrial Lane Lawrence, Kansas		
JOB DESCRIPTION			
NAME SENT TO KDHE		DATE:	
HEALTH CERTIFICATE			
TB TEST			
	Initials	Initials	Date Completed
ABUSE AND NEGLECT REPORTING PROCEDURE			
DCYS DAY SCHOOL OR RESIDENT MANUAL PROVIDED			
DRUG FREE WORK PLACE			
CONFIDENTIALITY AGREEMENT			
EMERGENCY PROCEDURES			
TRAINING RECORD REVIEWED BY:			
Licensing Worker:			
HAVE VOLUNTEER COMPLETE THIS FORM AND LEAVE IT AT THE FACILITY			

**DOUGLAS COUNTY DEPARTMENT OF YOUTH SERVICES**  
**VOLUNTEER APPLICATION**

Date of Application

PERSONAL INFORMATION				
Name:				
(First)	(Middle)	(Last)	Home Telephone Number	
Home Address:				
(Street)	(City)	(State)	(Zip)	How Long?
Previous Address:				
(Street)	(City)	(State)	(Zip)	How Long?
SS#	Date of Birth	Place of Birth		
Type of volunteer service:	Tutor	Chaplain	Intern	Other:
Are you currently employed?			YES	NO
May we contact your present employer?			YES	NO
Are you over 18 years old?			YES	NO
Are you capable of performing with or without reasonable accommodations, the essential functions of the job for which you have applied?			YES	NO
Are you a U.S. citizen or are you authorized by the INS to work in this country?			YES	NO
Have you ever been convicted of a felony? <i>Conviction will not necessarily disqualify an applicant.</i>			YES	NO
Do you have a valid Kansas driver's license?			YES	NO
Driver's license Number:	Class of CDL Designation:	On what date would you be available to begin?		

### EDUCATION AND SPECIAL SKILLS

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA / DEGREE
High School				
College/University				
College/University				
Other Training/Education				
Are you currently a student?    YES    NO    If yes, How many hours?				

### EMPLOYMENT EXPERIENCE

Please list your present or last job or current volunteer activities.			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

**DOUGLAS COUNTY DEPARTMENT  
OF  
YOUTH SERVICES**

**Abuse/Neglect Orientation Form**

I, \_\_\_\_\_ have read the provisions of Douglas County Youth Services with respect to my responsibility for reporting of suspected child abuse/neglect and sexual abuse/sexual exploitation and discussed it with

\_\_\_\_\_  
(Administrator/designee)

I understand my responsibility for reporting the incidents of suspected abuse/neglect and sexual abuse/neglect exploitation. I understand the responsibilities outlined in the volunteer manual of Douglas County Youth Services.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Confidentiality Agreement**

I understand and agree that in the performance of my duties as a volunteer at Douglas County Department of Youth Services, I must hold in strictest confidence any observations I may make or hear regarding clients, client families, or staff.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Security Procedure Agreement**

I, \_\_\_\_\_ have received, read, understand and agree to abide by the provisions of the Douglas County Department of Youth Services Volunteer Conduct and Security Procedures outlined in the volunteer manual.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DRUG AND ALCOHOL USE AGREEMENT**

I, \_\_\_\_\_, have read the Douglas County Department of Youth Services Volunteer Manual and agree to abide by the conduct rules pertaining to the use of drug and/or alcohol as is outlined in the manual.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DOUGLAS COUNTY DEPARTMENT  
OF YOUTH SERVICES  
VOLUNTEER AGREEMENT**

The intent of the agreement is to assure you both of our deep appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.

**I. DOUGLAS COUNTY DEPARTMENT OF YOUTH SERVICES**

The DOUGLAS COUNTY DEPARTMENT OF YOUTH SERVICES agrees to accept the services of \_\_\_\_\_ beginning \_\_\_\_\_, and we commit to the following:

1. To provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of their position.
2. To ensure diligent supervisory aid to the volunteer and to provide feedback on performance.
3. To respect the skills, dignity and individual needs of the volunteer, and to do our best to adjust to these individual requirements.
4. To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
5. To treat the volunteer as an equal partner with agency staff, jointly responsible for completion of the agency mission.

**II. VOLUNTEER**

I, \_\_\_\_\_, agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To adhere to agency security procedures, mandatory reporting requirements and confidentiality of agency and client information.
3. To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made.
4. To adhere to the agency's dress code as described in the orientation manual.
5. I agree not to be under the influence of drugs or alcohol as described in the Volunteer Manual.

**III. AGREED TO:**

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**DOUGLAS COUNTY DEPARTMENT  
OF  
YOUTH SERVICES**

VOLUNTEER EVALUATION

VOLUNTEER: _____		ORGANIZATION: _____	
POSITION:	INTERN	CHAPLAIN	VOLUNTEER
Other: _____			
<p>The evaluation of the volunteer's performance will be completed by the Program Coordinator. Volunteers will be evaluated after the initial month of volunteering and annually thereafter.</p>			
PERFORMANCE ISSUE TO BE RATED	NEEDS IMPROVEMENT	GOOD	EXCELLENT
QUALITY OF WORK			
DEPENDABILITY			
JOB KNOWLEDGE			
INITIATIVE			
COMMUNICATION			
WORK RELATIONSHIPS			
JUDGEMENT/DECISION MAKING			
SECURITY			
<p><b>EVALUATOR COMMENTS:</b></p>			
<p><i>Evaluator Signature:</i></p>		<p><i>Date:</i></p>	

**AUTHORIZATION TO RELEASE INFORMATION  
DOUGLAS COUNTY KANSAS**

It is Douglas County policy to conduct an investigation of the criminal history record history on employees, volunteers, and final candidates for positions that perform duties within the offices of criminal justice agencies. This release form will not be considered to be part of the employment application and will be filed separately from the application. The information this form contains will not be used to make the employment decision, except in the case of refusal to authorize the investigation.

**I hereby request and authorize Douglas County to conduct a criminal investigation and driving record investigation using the information I have provided below. I release Douglas County, its officers, employees, successors, and assigns from any liability that may result from the conduct of such investigation. In order to facilitate the investigation, I willingly provide the following information:**

Full Name:	_____	_____	_____
	First	Middle	Last
Date of Birth:	_____	Sex:	_____
		Race:	_____
Driver's License:	_____	State:	_____
Social Security Number:	_____		
Current Address:	_____		
	City	State	Zip
Maiden Name (If applicable):	_____		
Telephone:	_____	Position:	_____

---

Applicant Signature	Date
---------------------	------

**After completing this form, please click the SUBMIT button at the bottom of the last page or print the form and return it to the Department of Youth Services.**

For Department Use Only	
Department	Youth Services
Position	Volunteer
CRI Code	C
Agency ORI	KS023013C
Authorization	

# Security Awareness Acknowledgment

In the carrying out of this agency's mission, sensitive information is collected that includes, but is not limited to:

1. Criminal Justice Information, which consists of Criminal History Record Information (CHRI) and Personally Identifiable Information (PII) which can be used to distinguish or trace an individual's identity, such as name, social security number, or biometric records, alone or when combined with other personal or identifying information which is linkable to a specific individual, such as date and place of birth, or mother's maiden name.
2. Other sensitive information related to the agency's operations (investigations, security procedures, etc.).

It is EVERYONE's responsibility to ensure the protection of information used in the operations of this agency. Any sensitive information, whether on an official agency report, computer screen, printout, storage device or media, etc. must be protected. All personnel granted access to unencrypted (plaintext) CJI, or given unescorted access to the facilities or information systems where CJI is processed must be aware of security principals relative to their level of access.

Your access is authorized based on your role(s) in this criminal justice agency and are marked as applicable below.

- Authorized for unescorted access to physically secure areas.** This level of authorized access means you may be exposed to CJI and other sensitive information, however, there is not a "right to know" for any law enforcement sensitive information. It does not specifically involve access to CJI or to systems used to access CJI. You must complete security awareness training level 1 designed to inform of general security practices.
- Authorized for Indirect Access to CJI.** You will not personally use information systems to request CJI. But may use CJI obtained by others. Your receipt and use of CJI must be necessary for work assignments to be completed and cannot be obtained or used for your personal benefit. Security awareness training levels 1 and 2 must be completed to inform of general security practices plus handling of CJI and other sensitive information.
- Authorized to access computer equipment** on a network with the capability to access CJI. This level of access requires you to complete security awareness training levels 1, 2 and 3 and to adhere to local agency and KCJIS security policies designed to protect the information systems you use.
- Authorized for Direct Access to CJI.** You may personally use information systems to request CJI. The use of this information must be necessary for work assignments to be completed and cannot be obtained for a personal desire to know. You must complete security awareness training levels 1, 2, and 3 and adhere to local agency and KCJIS security policies designed to protect the information and information systems you use.
- Authorized to administer software, systems, networks and computer equipment** with the capability to access CJI. This level of access requires you to complete security awareness training levels 1- 4 and to adhere to local agency and KCJIS security policies designed to protect the information systems.

In accordance with federal and state laws , FBI and KCJIS Policy and Procedures, dissemination or disclosure of any information seen, heard, or otherwise obtained through your association with this agency to anyone outside of this agency is prohibited except when necessary for the administration of criminal justice, and for criminal justice agency employment. *Misuse or disclosure of CJI and other sensitive information may result in disciplinary action, including immediate dismissal, civil and criminal penalties including confinement and significant civil penalties (fines) as provided in KSA 22-4707(c); 28 CFR 20.25 and 28 CFR 85.5*

Your signature below certifies that you:

- 1) Are aware of agency standards and procedures and agree to abide by them.
- 2) Understand the consequences of violating agency, KCJIS and FBI policies, and federal and state laws regarding access and dissemination of sensitive information.

\_\_\_\_\_  
Associate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Agency Name