

**Capper Foundation  
Youth Volunteer Application**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      (Nickname)

\_\_\_\_\_  
Street address                      City/State                      Zip Code

\_\_\_\_\_  
Home Phone                      Cell phone                      e-mail address                      Birth Date

\_\_\_\_\_  
Mother's Name      Home address & phone (if different)      Business Phone

\_\_\_\_\_  
Father's Name      Home address & phone (if different)      Business Phone

School attending & Grade \_\_\_\_\_

Organizations that you belong to: \_\_\_\_\_

\_\_\_\_\_  
Volunteer Experiences: \_\_\_\_\_

\_\_\_\_\_  
Describe any valid certificates which you possess: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date issued: \_\_\_\_\_

Do you have a valid Kansas Driver's License? Yes / No

The organization may conduct a personal reference / background investigation regarding employment, education, or criminal background verifications. By signing this application, you authorize the organization to make these investigations, and you indicate your awareness that false statements or failure to disclose information may be sufficient to disqualify you from volunteering.

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

Volunteer Name \_\_\_\_\_

**PERSONAL REFERENCES: (Will be contacted)**

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
|------|---------|-------|--------------|

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
|------|---------|-------|--------------|

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
|------|---------|-------|--------------|

**EMERGENCY CONTACT:**

| Name | Relationship | Phone | E-Mail |
|------|--------------|-------|--------|
|------|--------------|-------|--------|

| Name | Relationship | Phone | E-Mail |
|------|--------------|-------|--------|
|------|--------------|-------|--------|

Please check all areas of interest to you:

- |                                       |                                  |   |
|---------------------------------------|----------------------------------|---|
| <u>Recreation</u>                     | <u>Sports</u>                    | <u>Other</u>                            |
| <input type="checkbox"/> Swimming     | <input type="checkbox"/> Boccia  | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Track        | <input type="checkbox"/> Soccer  | <input type="checkbox"/> Computer       |
| <input type="checkbox"/> Music        | <input type="checkbox"/> Bowling | <input type="checkbox"/> Paperwork      |
| <input type="checkbox"/> Yoga         | <input type="checkbox"/> Tennis  | <input type="checkbox"/> Mailings       |
| <input type="checkbox"/> Martial Arts |                                  | <input type="checkbox"/> Data Entry     |

Days Available

Monday  
 Tuesday  
 Wednesday  
 Thursday  
 Friday  
 Saturday

Hours Available

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*

|                         |                        |                             |
|-------------------------|------------------------|-----------------------------|
| <u>Office use only</u>  | <u>Policy Overview</u> | <u>Recognition / Awards</u> |
| Application date: _____ | Volunteer _____        | _____                       |
| Interview date: _____   | Safety _____           | _____                       |
| Reference date: _____   | Accident _____         | _____                       |
| Orientation date: _____ | Emergency _____        | _____                       |
| Beginning date: _____   | Information _____      | _____                       |

I, \_\_\_\_\_, give permission for the release of information concerning  
(PRINT ONLY)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)\* Annie Swanson Phone 785-272-4060  
Agency name Capper Foundation FEIN: 48-0543745  
Agency mailing address 3500 SW 10th Avenue Topeka, Kansas 66604  
Agency email address aswanson@capper.org

Check box if agency is a CDDO, CMHC, or ILRC

Maiden Name and/or Other Names Known By: \_\_\_\_\_  
(PRINT ONLY)

Address:

Street City State Zip Code

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_  Male  Female  
(mm/dd/yyyy) (mark one)

I understand that all information released will be for the exclusive and confidential use of the above-named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse and Neglect Central Registry each year while I am employed or associated with the above agency. \_\_\_\_ Yes \_\_\_\_ No

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

Per statute 65-6205: Community Service Providers, Mental Health Centers and Independent Living Centers may request information for the purpose of obtaining background information on applicants for employment without signed consent. Signature is not required from the individual for which the inquiry is made.

**RETURN TO:**

DCF.APSRegistry@KS.GOV  
or  
Adult Abuse Registry  
555 S. Kansas Ave  
Topeka, Kansas 66603-3444

*(Please allow 3-5 days for processing email requests and an additional 5-7 days if returning by US Postal Service)*

**FOR PPS ADMINISTRATION USE ONLY:**

Record Found?  No  Yes "Yes" indicates the individual is listed on the adult abuse, neglect, exploitation registry.  
If yes, check all that apply  Abuse  Neglect  Exploitation  Fiduciary Abuse  
Perpetrator's Name: \_\_\_\_\_ Date Substantiated: \_\_\_\_\_  
Initial: \_\_\_\_\_ Date: \_\_\_\_\_



**KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES**  
 Child Abuse and Neglect Central Registry  
 P.O. Box 2637 • Topeka, KS 66601 • [DCF.CentralRegistry@ks.gov](mailto:DCF.CentralRegistry@ks.gov)  
**Release of Information**

Complete form by printing legibly in ink. Fee of \$10.00 per Release of Information form may be required prior to processing.

All releases and fees are to be sent to the address or email listed above (see below for specifics)

**CONFIDENTIALITY:** *Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.*

**Contact Person:** Annie Swanson Agency/Org.: Capper Foundation  
 Phone #: 785-272-4060 Address: 3500 SW 10th Avenue  
 Email: aswanson@capper.org City/State/Zip: Topeka, Kansas 66604

Return Results by:  Encrypted email (list if different than above): \_\_\_\_\_  Postal Mail

**Payment/Account Information** (check box which applies)

|   |   |
|---|---|
| <input type="checkbox"/> Fee included       | \$10 per request. Check, Money Order (payable to DCF) or cash. <b>Postal mail only.</b>   |
| <input type="checkbox"/> Online Payment*    | <a href="http://www.dcf.ks.gov">www.dcf.ks.gov</a> - 'Online DCF Payments' icon at bottom of page. Submit receipt with ROI form(s).             |
| <input type="checkbox"/> Pre-Pay Account*   | Agency/Org. has Pre-Pay Account. FEIN: _____  |
| <input type="checkbox"/> Mentoring Account* | As listed in the Kansas Mentors' Partner Directory. <a href="http://mentorkansas.org/Find-a-Program">http://mentorkansas.org/Find-a-Program</a> |
| <input type="checkbox"/> Exempt*            | No fee for State government agencies (Sub-contracting agencies not included).   |

\*Release of Information forms may be submitted via email to [DCF.CentralRegistry@ks.gov](mailto:DCF.CentralRegistry@ks.gov)

**APPLICANT:** *Instructions: PRINT CLEARLY. All requested information is required for processing. Incomplete or illegible information will result in processing delays for the Release of Information. Use 'N/A' rather than leaving a space blank.*

FIRST, MIDDLE, LAST NAME: \_\_\_\_\_

I give permission for the release of any of my information in the Child Abuse/Neglect Central Registry to the contact listed above. I understand the information released is for their exclusive and confidential use:  Yes  No  
 This organization/person/agency may check my information each year I am employed or associated with them:  Yes  No

OTHER NAMES USED: (Any/all aliases, married, maiden, nicknames, etc. 'N/A' if none used.): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ GENDER:  Male  Female

CURRENT ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

|           |   |                |
|-----------|---|----------------|
| DCF ONLY: | <b>MATCH</b>  | <b>CLEARED</b> |
|           | <p><i>This applicant is listed in the Child Abuse/Neglect Central Registry.</i></p> <p><i>Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.</i></p> <p>(see attached document for more info.)</p> |                |



AUTHORIZATION FOR PHOTO RELEASE

\_\_\_\_\_ I give permission for myself and/or \_\_\_\_\_  
to have my/her/his picture, words, or voice used for marketing materials promoting Capper Foundation.  
I understand that this can include, but not limited to; photography, video use, social media, websites,  
training activities, brochures, banners or published articles with the following conditions:

- \_\_\_\_\_ I prefer to remain anonymous (no name used).
- \_\_\_\_\_ I prefer the use of first name(s) be used (no last name).
- \_\_\_\_\_ I prefer ONLY for internal use in Capper Foundation.

-OR-

\_\_\_\_\_ I DO NOT give permission for any use listed above

\_\_\_\_\_  
Signature (individual/parent/guardian name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

The signature above indicates my authority to sign on behalf of this child. This release will remain in effect for those images indefinitely, unless otherwise revoked by a parent, guardian, or child after turning 18 years of age.



Capper Foundation
3500 SW 10th Avenue
Topeka, KS 66604
785-272-4060 FAX 785-272-7912
www.capper.org

Capper Foundation
Confidentiality and Security Agreement

The Health Insurance Portability and Accountability Act (HIPAA) applies to all volunteers/students and others who represent Capper while providing care and services to our patients (including outpatients and recreation participants). HIPAA regulations assure a patients' right to privacy and to control their health information. As an observer or volunteer/student at Capper Foundation you may see or hear confidential/protected health information about children and adults receiving services. You may also be exposed to proprietary and confidential management, financial and human resources information.

I understand that:

- 1. All patient information is confidential.
2. Any breach of confidentiality has the potential to cause great emotional stress to the patient and could result in a law suit against me and/or Capper.
3. Any information I may learn concerning a patient should be considered highly confidential and should not be repeated to anyone - not my spouse, best friend - anyone. This is not only a policy of Capper Foundation but also a Federal law.

I agree that:

- 1. I will only access information I need to do my volunteer work.
2. I will not show, tell, copy, give, sell, review, change or trash any confidential patient information.
3. I will protect the privacy of Capper consumers/patients.
4. I will not share proprietary and confidential information even if I am no longer a Capper volunteer/student.
5. I will not discuss confidential information in places at Capper where I may be overheard, i.e. elevators, break room, hallway.

Failure to comply with this agreement may result in the termination of my volunteer/student work at Capper Foundation and/or civil or criminal legal penalties. By signing this, I agree that I have read, understand and will comply with this agreement.

Printed name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

If volunteer is under age 18:

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_