



# Board Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Have you ever served on ASVRC's Board of Directors?  Yes  No If yes, when? \_\_\_\_\_

Have you volunteered for ASVRC?  Yes  No If yes, when? \_\_\_\_\_

Were you ever an ASVRC employee?  Yes  No If yes, when? \_\_\_\_\_

Have you ever received services from ASVRC?  Yes  No If yes, when? \_\_\_\_\_

Have you had previous experience serving on a Board? \_\_\_\_\_

Where? \_\_\_\_\_

Additional Volunteer Experience: \_\_\_\_\_

Skills you believe you could bring to the Board: \_\_\_\_\_

Briefly describe your reasons for wanting to serve on the Board: \_\_\_\_\_

How did you hear about the BRCC Board? \_\_\_\_\_

Check any committees on which you would be interested in serving:

\_\_\_\_\_ Nominating \_\_\_\_\_ Finance \_\_\_\_\_ Personnel

\_\_\_\_\_ Fundraising \_\_\_\_\_ Program Planning and Evaluation

How much time do you feel you will have to give to ASVRC? \_\_\_\_\_

**Please list two references:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

# Certification of Applicant

Have you ever been convicted, imprisoned, or fined for a felony?  Yes  No

If yes, please explain, giving date(s) and location(s): \_\_\_\_\_

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I certify that all answers to the questions in this application are true, and I further understand that any false statement in this application will be sufficient grounds of rejection of the application or termination of employment/volunteer status without notice at any time hereafter. I agree to and authorize Ampersand Sexual Violence Resource Center to complete a pre-employment drug screening and understand that a positive drug screening may result in rejection of the application. I further authorize Ampersand Sexual Violence Resource Center to complete a criminal records check and a credit check if I have applied to a position subject to this requirement. I understand that the findings of a record check may be grounds for rejection of application or termination of employment/volunteer status without notice. I authorize Ampersand Sexual Violence Resource Center to make all necessary investigations to verify information contained herein, and authorize and release from liability any and all references to provide information relevant to my application for employment/volunteering with Ampersand Sexual Violence Resource Center.

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Signature of Applicant

Date

## Declaration of Confidentiality

In accepting my responsibilities as a volunteer with Ampersand Sexual Violence Resource Center (ASVRC), I, \_\_\_\_\_, hereby agree to treat as confidential all information about every ASVRC client, as well as all medical, social and legal documents. I am aware that this information is confidential. If I receive identifying information that a minor child is currently or has been abused, under KRS 620, I must report this situation to my supervisor who will then report it to Child Protective Services. Following KRS 209 I will also report allegations of indicated adult abuse to Adult Protective Services per ASVRC policy.

Any information shared by other staff and/or trainees in the context of training and/or the agency, shall remain confidential.

I further agree to exercise great care in protecting ASVRC records from any scrutiny by unauthorized persons.

I understand that any breach of my above agreement will be considered reason for immediate termination of my association with Ampersand Sexual Violence Resource Center.

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Signature of Applicant

Date

# Permission to Perform Background Check

I hereby allow Ampersand Sexual Violence Resource Center to perform a check of my background, including

- criminal record
- personal/professional references

and other persons or sources as appropriate for the volunteer positions in which I have expressed an interest.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for some types of volunteer activities.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer activities and that all such information collected during the check will be kept confidential. Further, the information from this form will be destroyed once the background check is complete.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer activities and such other information, as they deem appropriate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Background Check Data

Name (First, middle, last): \_\_\_\_\_ Alias/Maiden: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Length of residency in Kentucky: \_\_\_\_\_

Applying as (check one):  Volunteer  Executive Board  Employee

### For office use only:

Background check complete?