



**KENTUCKY CITIZEN FOSTER CARE
REVIEW BOARD
VOLUNTEER APPLICATION**

Date Reviewed: _____

Date CAN Check: _____

Date Record Checked: _____

Date Trained: _____

Date Appointed: _____

NAME: _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ STATE: _____ ZIP: _____

WORK : _____ HOME: _____ CELL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

COUNTY IN WHICH YOU WISH TO SERVE: _____

CURRENT EMPLOYER: _____ FROM: _____ TO: _____

OCCUPATION: _____

VOLUNTEER EXPERIENCE: _____

The following questions are used to select a local board that is representative of the community. Answering them is optional.

RACE: <input type="checkbox"/> CAUCASIAN	<input type="checkbox"/> MALE	FAMILY INCOME: <input type="checkbox"/> LESS THAN \$25,000
<input type="checkbox"/> ASIAN	<input type="checkbox"/> FEMALE	<input type="checkbox"/> \$25,001-\$40,000
<input type="checkbox"/> AFRICAN AMERICAN		<input type="checkbox"/> \$40,001-\$65,000
<input type="checkbox"/> OTHER	MARITAL STATUS:	<input type="checkbox"/> OVER \$65,000
HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SINGLE	
	<input type="checkbox"/> MARRIED	

HIGHEST LEVEL OF EDUCATION COMPLETED: _____ HIGH SCHOOL
 _____ BACHELORS DEGREE
 _____ MASTERS DEGREE
 _____ DOCTORATE

ARE YOU OR HAVE YOU BEEN A FOSTER PARENT? NO PRESENTLY AM FORMERLY WAS

ARE YOU AN ADOPTIVE PARENT? YES NO

HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY LAW (OTHER THAN TRAFFIC OFFENSES) OR ARE ANY LEGAL CHARGES PENDING AGAINST YOU?(Criminal record checks will be conducted) YES NO

IF YES, PLEASE LIST THE DATE, OFFENSE, DISPOSITION AND ANY CIRCUMSTANCES? _____

HAVE YOU EVER HAD A SUBSTANTIATION OF CHILD ABUSE OR NEGLECT?(Central Registry Checks will be conducted) YES NO

IF YES PLEASE LIST THE DATE AND CIRCUMSTANCES? _____

ARE YOU AN EMPLOYEE OF THE CABINET FOR HEALTH AND FAMILY SERVICES (CHFS)? YES NO

EMPLOYEES OF THE CABINET ARE PROHIBITED FROM SERVING ON THE CITIZEN FOSTER CARE REVIEW BOARDS. LIKEWISE, BOARD MEMBERS WHO HAVE A CONFLICT OF INTEREST CANNOT PARTICIPATE IN SUCH REVIEWS. PLEASE DESCRIBE THE NATURE OF ANY OF YOUR CURRENT OR PREVIOUS CONTACTS WITH CHFS AND ANY POTENTIAL CONFLICT(S) OF INTEREST? _____

MARK THE DAYS AND TIMES THAT YOU ARE AVAILABLE TO ATTEND REVIEW BOARD MEETINGS.

<input type="checkbox"/> MONDAY	<input type="checkbox"/> MORNING
<input type="checkbox"/> TUESDAY	<input type="checkbox"/> AFTERNOON
<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> EVENING (AFTER 4:30 P.M.)
<input type="checkbox"/> THURSDAY	
<input type="checkbox"/> FRIDAY	

WHAT ARE YOUR REASONS FOR WANTING TO SERVE ON THE REVIEW BOARD? _____

HOW DID YOU HEAR ABOUT THE CITIZEN FOSTER CARE REVIEW BOARD PROGRAM? _____

ALL VOLUNTEERS MUST COMPLETE AN INITIAL SIX HOUR TRAINING SESSION BEFORE REVIEWING CASES. PLEASE INDICATE WHICH DATES AND TIMES ARE MOST CONVENIENT FOR YOU.

WEEKDAYS _____

WEEKENDS _____

THE CHFS FILE INFORMATION PERTAINING TO CHILDREN IN FOSTER CARE IS CONFIDENTIAL. AS A VOLUNTEER, YOU ARE REQUIRED TO TAKE AN OATH TO KEEP CONFIDENTIAL THE INFORMATION REVIEWED BY THE BOARD AND ITS ACTIONS AND RECOMMENDATIONS IN INDIVIDUAL CASES. VIOLATION OF THIS OATH WILL SUBJECT YOU TO PROSECUTION FOR THE MISDEMEANOR OFFENSE OF OFFICIAL MISCONDUCT OR FELONY OFFENSE OF MISUSE OF CONFIDENTIAL INFORMATION. AS A VOLUNTEER YOU ARE REQUIRED TO ATTEND THE SIX HOUR TRAINING SESSION. YOUR SIGNATURE BELOW INDICATES THAT YOU AGREE TO THESE REQUIREMENTS.

SIGNATURE

DATE

Please complete the application and Central Registry Check. Return to:

Citizen Foster Care Review Board Program
Administrative Office of the Courts
1001 Vandalay Drive
Frankfort, KY 40601